Options for pain control:
Epidural Analgesia

Thank you for choosing MCG Medical Center for your health care needs. We believe that relief of pain is an important part of your care. Your doctor and nurses will work with you and your family to meet the goal of effective pain management.

How does pain affect your body?
When you are injured, pain warns you to protect yourself and avoid further injury. However, when pain persists for a long time, it can be harmful, especially when you are sick or after surgery. Pain can make it difficult to take a deep breath and interferes with your ability to move and walk. This can result in complications and a long stay in the hospital.

How will others know how much pain you have?
Your nurses will check you often while you are receiving epidural analgesia. They will ask you to rate your pain on a 0 to 10 scale. A rating of 0 means no pain at all, 5 means you feel moderate amount of pain, and 10 means you feel the worst pain you can imagine.

Your comfort goal is the degree of pain relief you need to have to be able to perform the activities needed for a rapid recovery. If you are unable to maintain this level of comfort, especially during activities such as deep breathing and walking, let your nurse know. Changes in the medicine can usually be made to keep you as comfortable as possible.

What are some of the goals of pain management with Epidural Analgesia?

- To keep pain from becoming severe and out of control.
- To control your pain enough so that you can sleep, deep breathe, walk, and visit with others.
- To decrease the length of time you spend in the hospital.

How does Epidural Analgesia work?
Pain medicine will be given by a small pump through an epidural catheter, which is a tiny tubing a doctor will put in your back before surgery.

The pump will give you a small amount of pain medicine continuously.
The anesthesiologist may inject additional pain medicine into the catheter when you request it for pain management, or

You MAY have a button that is attached to the pump that allows you to control the amount of pain medicine given. This is patient-controlled epidural analgesia (PCEA). You can press the button to give yourself a dose of pain medicine when you hurt.

If PCEA is used, the recovery room nurse will give you the PCEA button as soon as you are awake enough to manage the pain yourself. It is difficult to treat pain when it is out of control, so it is important to “stay on top” of your pain. When you begin to feel some discomfort, press the PCEA button, then wait a few minutes to see if the dose helped to relieve the pain. If the pain has not been relieved, press the PCEA button again.

**How is the Epidural Catheter placed?**

- You will be positioned on your side or sitting up with your back arched out toward the anesthesiologist. Your back will be washed with a cool soap solution.

- The anesthesiologist will inject local anesthetic to numb the area where the catheter will go. This will feel like a bee sting.

- You will feel pressure against your back while the anesthesiologist advances a needle to find the epidural space.

- A very small catheter will be inserted through a needle into the epidural space, and then the needle will be removed.

- The catheter will be taped flat against your back and up your shoulder where it will be connected to the pump.

- While the catheter is in place, you may lie on your back, turn, walk, and perform any activities your physician approves.

**Is Epidural Injection safe?**
The pump will be programmed to give you an amount of pain medicine that is typically safe for someone your sex, size, age, and diagnosis or type of surgery. If this is too much, the dose of the pain medicine can be reduced.

You are the only person who will know when you are hurting and when it is necessary and safe to have a dose of pain medicine. Therefore, **you are the only person who should press the PCEA button**. Your family, visitors, physicians, and hospital personnel are not to press the PCEA button.

Let the nurse know before you take any other medicines, including the ones you usually take at home.
**What are the side effects of Epidural Analgesia?**
Itching is not an allergic reaction but is a fairly common side effect of pain medicine. Ask your nurse for medicine to relieve the itching if necessary.

Nausea can occur from pain medicine, and it also can be treated with medicine that has been prescribed.

Some patients have difficulty urinating while receiving epidural analgesia. Reducing the dose of pain medicine helps relieve this side effect, and it usually resolves on its own within 48 hours. There are some medications which can help the difficulty in urination.

Often a urinary catheter is used to prevent this side effect.

Pain medicine slows the bowel and can cause constipation. One of the advantages of epidural analgesia is that more pain relief is obtained with less medication, so constipation is less likely to occur. If your condition allows, the nurse will give you medicine to prevent constipation.

Excessive drowsiness and respiratory depression are the most serious but least common side effects of pain medicine. Fewer than 1 in 8,000 patients experience these side effects. These two side effects develop slowly. Nurses will be checking your sedation and breathing frequently to prevent this side effect from occurring. If detected, both are easily treated and can be corrected by decreasing the dose of pain medicine.

Numbness and tingling from the epidural local anesthetic rarely occurs in and around the surgery incision area. Let your nurse know if numbness or tingling occurs in other areas. If you have difficulty feeling or moving your legs, stay in bed and call your nurse. This usually can be corrected by reducing the dose of pain medicine. Be sure to ask someone to help you up the first few times you walk.

**How long will Epidural Analgesia be used?**
As your condition improves, your pain will decrease. You will find that you need to press the PCEA button less often as you improve.

The epidural pain medicine will be continued until the pump is no longer necessary and you are able to use a different method for taking pain medicine. The Anesthesiologist will remove the epidural catheter. This is a simple and usually painless procedure.