



WOMEN'S MEDICAL GROUP

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Epidural Anesthesia

Epidural anesthesia, sometimes called an epidural block, causes some loss of feeling in the lower areas of your body, yet you remain awake and alert. An epidural block may be given soon after your contractions start, or later as your labor progresses. Usually it is best to wait until you are at least four centimeters dilated and zero station before receiving the epidural. If you receive it before then you will most likely require pitocin to augment your labor. Your doctors will work with you to determine the proper time to give the epidural. An epidural block with a higher block and a more concentrated anesthetic can be used for a cesarean delivery if necessary.

The epidural space is located underneath ligaments in the lower back and near the nerves closer to the tailbone than the spinal cord. If you request an epidural, you will be asked to round your back outward during the procedure so that the epidural space can be accessed by the anesthesiologist. Initially, your skin will be cleaned with betadine and a local anesthetic will be injected into the skin in your lower back. A rounded-tip needle is used to access the epidural space. A small epidural catheter (thin tube) is then placed through the needle and the needle is removed. Small doses of the anesthesia can then be given through the tube to reduce the discomfort of labor. The medication also can be given in boluses or continuously throughout labor. When the catheter is placed, it occasionally may touch a nerve causing a tingling sensation down the leg or hip.

Because the medication needs time to set, pain relief will not begin until about ten minutes after the anesthetic has been injected. Because some of the nerves in your legs may be weakened due to the anesthetic, you will not be allowed to walk around. If you are unable to empty your bladder on your own, you may need help with a urinary catheter (tube). You will not feel discomfort from this if it is necessary.

Although an epidural block will make you more comfortable, you still may be aware of your contractions. You will also feel pressure as the baby descends further into the birth canal. You also may feel vaginal exams as labor progresses. Your anesthesiologist can adjust the degree of numbness for your comfort. You might notice a bit of temporary numbness, heaviness, or weakness in your legs.

Although rare, complications or side effects, such as decreased blood pressure or headaches, can occur. To help prevent a decrease in blood pressure, fluids will be given through an IV. Shivering often occurs during labor and can occur after an epidural.

Some women (less than 1 out of 100) may get a headache after the procedure. Women can help decrease the risk of a headache by holding as still as possible while the needle is placed. If a headache does occur, it often subsides within a few days. If the headache does not stop or if it becomes severe, a simple treatment may be needed to help the headache go away.

The veins located in the epidural space become swollen during pregnancy. Because of this, there is a risk that the anesthetic medication could be injected into one of them. If this occurs, you may notice dizziness, rapid heartbeat, a funny taste, or numbness around the mouth when the epidural is placed. If this happens, let the anesthesiologist know right away.

If you already have an epidural catheter in place and then need a cesarean delivery, most of the time your anesthesiologist will be able to inject much stronger drug through the same catheter to increase numb you completely for the surgery. You will still feel pressure from movement of the tissues and delivery of the baby, but you should feel no pain.

Spinal Block

A spinal block is administered in a similar fashion to an epidural, but as a single injection without a catheter. Because it is a single injection, it is used for procedures that last only one or two hours such as a cesarean section.

A spinal block can be given using a very thin needle in the same place on the back where an epidural block is placed. The spinal block uses a much smaller dose of the drug which is injected into the spinal fluid. Once the medication is injected, onset of pain relief is very rapid.

A spinal block with a much denser anesthetic is often used for a cesarean delivery. It also can be used in a vaginal birth if the baby needs to be helped out of the birth canal with forceps or by vacuum extraction and an epidural is not already in place. Spinal blocks have the same side effects as an epidural block.

General Anesthesia

General anesthetics are medications that put you to sleep (make you lose consciousness). If you have general anesthesia, you are not awake and you feel no pain. General anesthesia often is used when a regional block anesthetic is not possible. It is the most rapid anesthetic in an emergency and can be used when an emergency cesarean delivery is needed.

Aspiration is a major risk during general anesthesia caused by food or liquids in the woman's stomach which is regurgitated and breathed into the lungs. Labor usually causes undigested food to stay in the stomach. During unconsciousness, this food could come back into the mouth and go into the lungs where it can cause damage. To avoid this, you will be told not to eat or drink once labor has started. If you need general anesthesia, your anesthesiologist will place a breathing tube into your mouth and windpipe as you go to sleep.

Finally...

Many women worry that receiving pain relief during labor will somehow make the experience less "natural." The fact is, no two labors are the same, and no two women have the same amount of pain. Some women need little or no pain relief, and others find that pain relief gives them better control their labor and delivery. Talk with your doctor about your options. Be prepared to be flexible. Don't be afraid to ask for pain relief if you need it.

Adapted from "Pain Relief during Labor & Delivery", American College of Obstetricians & Gynecologists, 2004