

Epidural Block: for Pain Management in the Hospital

What is it?

An **epidural block** is numbing medicine that is injected into the spine. It is used to help control pain in a large area of the body. This is usually during the first few days after a procedure or surgery.

The purpose of an epidural block, or any pain medicine, is to reduce your pain — but not take it away completely. Too much medicine can mask important signs and limit your ability to move.

How does an epidural block work?

A tiny tube called a **catheter** is put into the area that surrounds your spine known as the **epidural space**. The catheter is taped to your back, and the other end is connected to a **pain medicine pump**.

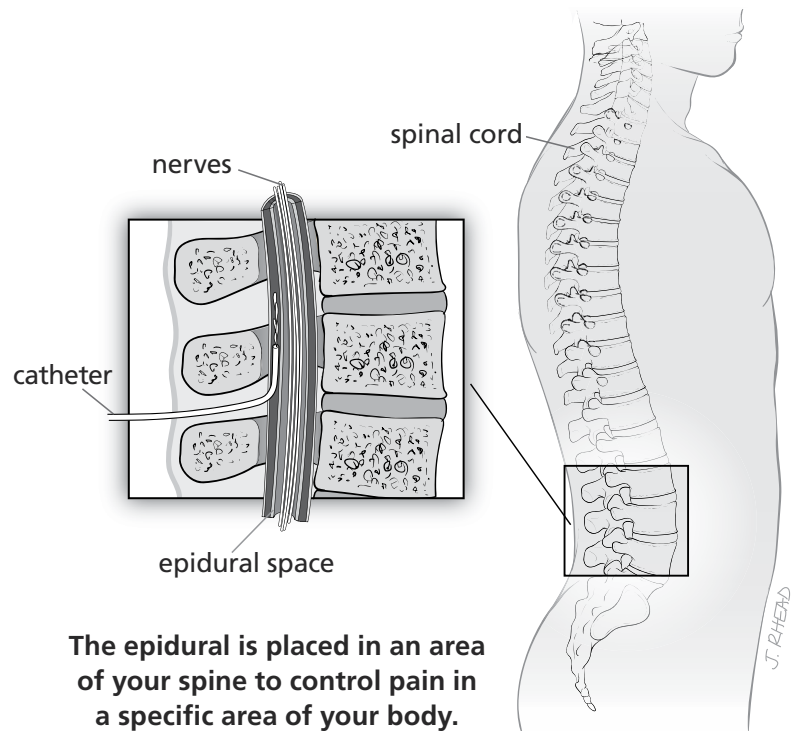
The pump pushes pain medicine through the catheter to the nerves in an area of your **spinal cord** and blocks the pain. An epidural is a good way to keep your pain under control and help you be more active during your recovery.

Epidural blocks are sometimes used for **patient-controlled epidural analgesia, or PCEA**. (Analgesia means pain relief.) With PCEA, you control the pump by pushing the button that sends small extra doses of medicine through the catheter.

How long will I have an epidural?

Typically, an epidural block will remain in place for a few days. The **Pain Services Team** or your anesthesia provider will talk with you each day to find out if your pain is getting better.

If you are eating and drinking and your pain is under control, you will likely begin to take pain medicine by mouth (pills), and the catheter will be removed from your back.



The epidural is placed in an area of your spine to control pain in a specific area of your body.

What kind of pain medicine will I get?

Your provider will decide on the best pain medicine for you based on your procedure, your body weight, age, and other health conditions.

What if the epidural doesn't control my pain?

Sometimes your care team will use a scale with faces or numbers to help you tell them how much pain you have. **Tell them if your pain medicine isn't working.** They may need to make a change in your plan.

What are the benefits?

Your surgeon or anesthesia provider will talk with you about the most common benefits, risks, and alternatives. An epidural block may help you:

- Feel better faster
- Walk sooner after surgery
- Reduce the need for other pain medicines with side effects
- Have bowel function sooner than with medicine taken by mouth
- Breathe and cough better

What are common side effects, potential risks, and complications?

Common side effects include:

- Lightheadedness or fainting
- Sleepiness
- Tingling or itching in arms or legs
- Upset stomach or vomiting
- Slow breathing
- Numbness, weakness (If your legs are so numb that you can't move them, be sure to tell your nurse.)
- Signs of infection including fever, chills

Complications are rare but may include:

- Bleeding
- Drop in blood pressure
- Severe headache or back pain
- Allergic reaction to the numbing medicine
- Abnormal weakness, nerve damage
- Infection

At home

During the first 24 hours:

- DO NOT drive or operate machinery
- DO NOT drink alcohol of any kind

If I have a PCEA, when should I push the button?

The **Pain Services Team** or your **anesthesia provider** will decide what kind of medicine and how much you need. However, you get to decide when you get another dose of medicine.

- Press the button **whenever you need pain relief**.
- Press the button **before doing things that may hurt**, like coughing, moving, having bandages changed, or physical therapy.

If you push the button too soon after your last dose, **the pump will not give you more medicine**. It will only release a certain amount of medicine at a time. **For your safety, only you should push the button.**

