

Going home after an epidural: what to look out for

Introduction

Your anaesthetist may insert an epidural catheter at the time of your operation, to prevent postoperative pain. Serious complications from epidural catheters occur very rarely (between 1-in-5,800 and 1-in-12,000 epidurals). Fortunately, these problems can usually be treated if they are recognised early, and permanent injury is very rare. This leaflet tells you what to look for and what action to take if you think that you have a problem.

What to look for after removal of the epidural catheter

At the end of treatment with your epidural infusion, your team of doctors and nurses will examine you to ensure that you do not have any residual numbness or weakness of your legs. If you notice altered sensation or weakness after the epidural is removed, you should discuss it with the team. It is important to remember that some operations can cause altered sensation or weakness in the legs, so that symptoms may be the result of surgery and not the epidural.

If you experience any new signs and symptoms (listed below), while still in hospital and after your epidural infusion has been stopped, ask the nurse in charge of the ward to contact the Pain Team or on-call anaesthetist immediately. If you have already been discharged from the hospital, it is important that you contact the on-call anaesthetist at the hospital **immediately** (Conquest Hospital **01424 755255** or Eastbourne DGH **01323 417400** and ask the switchboard operator to bleep the **on call anaesthetist**). The on-call anaesthetist will arrange to see you in the Emergency Department (A&E) in order to examine you.

Signs and symptoms to look for

- Redness, pus, tenderness, or pain at the epidural wound site
- Feeling generally unwell despite the fact that all seems to be well with the surgical wound
- High temperature, neck stiffness
- Numbness and or weakness in your legs / inability to stand up properly
- Difficulty passing water / incontinence of faeces

Sources of information

For further information on this subject, please contact: The Acute Pain Team on Ext/Bleep **4065** (Eastbourne) or bleep **2697** (Conquest).

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about patient information. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

Conquest Hospital

Email: **palsh@esht.nhs.uk** - Telephone: **01424 758090**

Eastbourne District General Hospital

Email: **palse@esht.nhs.uk** - Telephone: **01323 435886**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

Written by: Dr R McGregor / J Ireland - East Sussex Healthcare NHS Trust Acute Pain Service

The following clinicians have been consulted and agreed this patient information:

Dr R McGregor / J Ireland

Date agreed: December 2014

Review date: December 2017

Responsible clinician/author: Dr R McGregor / J Ireland

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk