Epidural Catheter

This handout explains some of the ways we can help control your pain during and after surgery. Your anesthesia doctors and surgeons will work with you to make a pain control plan.

IV Pain Medicine
IV pain medicine is given through a vein and works fast. It may make you feel sleepy or sick. It may also cause constipation or slow your breathing.

Epidural
An epidural uses a small plastic tube called a catheter. The catheter is placed in the space just outside your spinal cord. Medicine goes through the catheter to numb the nerves that carry pain signals.

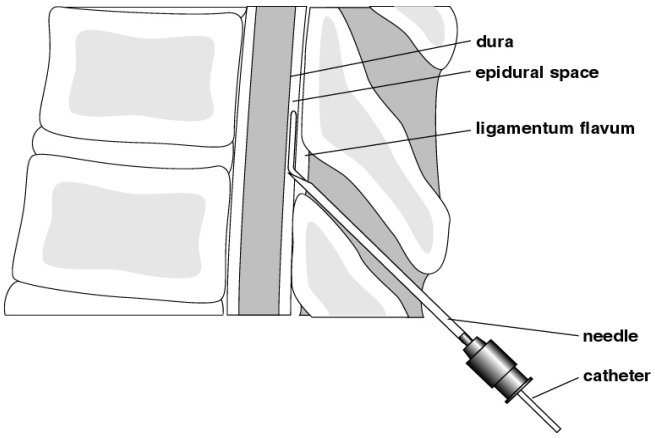
An anesthesia doctor will talk with you about the risks and benefits of an epidural. Tell them if you have:

- Bleeding problems
- A bad infection
- A history of back surgery

The catheter is placed while you sit up or lie on your side. You may get medicine to help you relax.

1. We clean your back
2. We inject numbing medicine into your skin. You may feel a pinch and burning
3. We gently place the epidural needle into your back. A small plastic catheter, about as wide as a guitar string, is placed through the needle. You should feel very little pain
4. We remove the needle and tape the catheter in place

We test the epidural to make sure it is in the right place. You should still be able to move your legs and feet, but they may feel heavy. This depends on the part of your body having surgery.



Medicine flows through the epidural at a steady rate. You will have a button you can press to give yourself more medicine. The amount of medicine can be changed based on how numb you feel.

During Surgery
The epidural is placed before surgery to help control pain **after** surgery. It is not used during surgery.

When It Is Placed
Before surgery, an anesthesia doctor will meet with you. You will talk about your options and make a pain control plan. Epidurals are most often placed before surgery. They can be placed after surgery if needed, but this may be harder. It can be hard to get into the right position after surgery. Some medicines given during surgery may also make it unsafe to place an epidural.

The epidural will likely stay in place for 3-5 days. It is removed when your pain is well controlled and you can take pain medicine by mouth.

The Pain Service includes anesthesia doctors and Advance Practice Providers (APPs). They will see you each day while your epidural is in place.

Epidural Removal
Removing the epidural is quick and may feel like pulling off a bandage.

Spinal Block
A spinal block is different from an epidural. A spinal block gives 1 dose of numbing or pain medicine into the spinal fluid. It uses a smaller needle, and no catheter is left in place.

Pain relief from a spinal block lasts about 1-3 hours. An epidural can provide pain relief for a longer time.

Risks
Epidurals are very safe, but there is a small risk of problems. These may include:

- Shivering, itchy skin, or back pain
- Low blood pressure
- Numbness on only 1 side of your body
- The catheter falling out
- A spinal headache that gets worse when you sit up and better when you lie flat
- Nerve injury, infection, or blood clots
- The catheter being placed in a blood vessel

A spinal headache can be severe, but it can be treated and does not cause long-term side effects.

You will need help getting out of bed while your epidural is in place.

There is a small chance the epidural may not control your pain. If this happens, it can be replaced. IV pain medicine may also be used.

Other Pain Control
Our goal is to control your pain so you can focus on healing after surgery.

You may also get IV or oral pain medicine. In some cases, your doctors may suggest a different type of nerve block, such as a transversus abdominis plane (TAP) block. Heat, ice, or a TENS unit may also help control pain.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 11/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#7345