

Epidural Catheter

Our anesthesia doctors work closely with surgeons to make the best pain plan during and after surgery. For some larger surgeries, such as large abdominal surgeries, an epidural may help your pain.

IV Pain Medicines

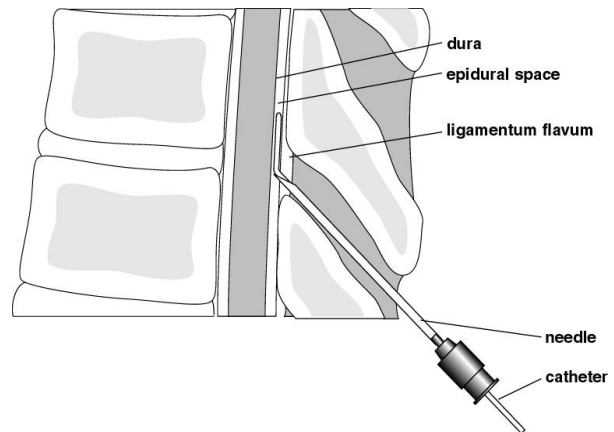
IV pain medicine are given through a vein and work fairly fast. They may make you feel groggy, sick, constipated, or breathe slower.

Epidural and how it is Placed

An epidural is a small catheter or tube. It is placed just outside the spinal cord (called the epidural space). The medicine then numbs the nerve roots which controls your pain. They work the same as the medicine dentists use to numb your mouth.

The catheter is put in while you sit up or lay on your side. You may get medicine to help you relax when it is being placed. The process is:

1. Your back is cleaned with a cleansing soap.
2. We inject a numbing medicine into your skin. There is a pinch and a burn as we inject this medicine.
3. Then we gently push the epidural needle into your back. A small, plastic catheter is placed. This catheter is about the width of a guitar string. You should feel very little pain during this.
4. We take the needle out and the plastic catheter is taped in place.



We test the epidural to make sure it is in the right spot. This will not cause any major side effects. You should still be able to move your legs and feet, but they may feel heavy. This feeling depends on the part of your body you are having surgery on. The epidural medicine is a constant drip. You can increase or decrease the drip based on how numb you feel. You will have an epidural button to press. The button lets you give yourself more medicine.

Asleep During Surgery

Yes. An epidural is placed before surgery. It controls the pain **after**. The epidural is not used during the surgery.

When is it Placed

You can get the epidural before surgery. First the anesthesia doctor meets with you. Options are discussed and a plan is made. Epidurals are often not placed after surgery but can be if needed. It is harder to get you in the right position after surgery. Some of the medicines you may get during surgery can make it unsafe.

It will likely be in place for 3-5 days after surgery. It is removed once you can take oral pain pills and your pain is well controlled. The Pain Service is a team of anesthesia doctors and a pain nurse. They will see you in the hospital each day your epidural is in.

Removing

They are very easy to take out and feels like pulling a band-aid off.

Spinal Block is Different from an Epidural

A spinal block is only a one-time dose of numbing or pain medicine. No catheter is placed, and a smaller needle is used. The medicines are given in the spinal fluid. The pain relief from a spinal lasts only 1 to 3 hours. Epidural controls pain longer.

Risks

While very safe, there is a small risk of problems. These include:

- Shivering, itchy skin, and backache.
- A drop in blood pressure.
- Only one side of your body gets numb.
- The catheter can fall out.
- A “spinal” headache. This type of headache gets worse when you sit up and better when lying flat. The headache can be severe. It can be treated and have no long-term side effects.
- Nerve injuries, infection, or blood clots.
- The catheter can be placed into a blood vessel.

You must have help getting out of bed while your epidural is in. There is a small chance your epidural may not work. If your epidural does not help your pain, it can be replaced. IV medicine may also be used.

Who Should not Have One

An anesthesia doctor will talk with you about the pros and cons. They will ask you about your health history such as:

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

Our goal is to control your pain. Your focus is on healing after your surgery.

Pain Control

You can have IV and oral pain medicines. In some cases, your doctors may talk with you about a different type of nerve block. They may talk to you about a transversus abdominis plane (TAP) block.

Things like heat, ice, TENs unit, etc. can also help manage 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 © 10/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#7345