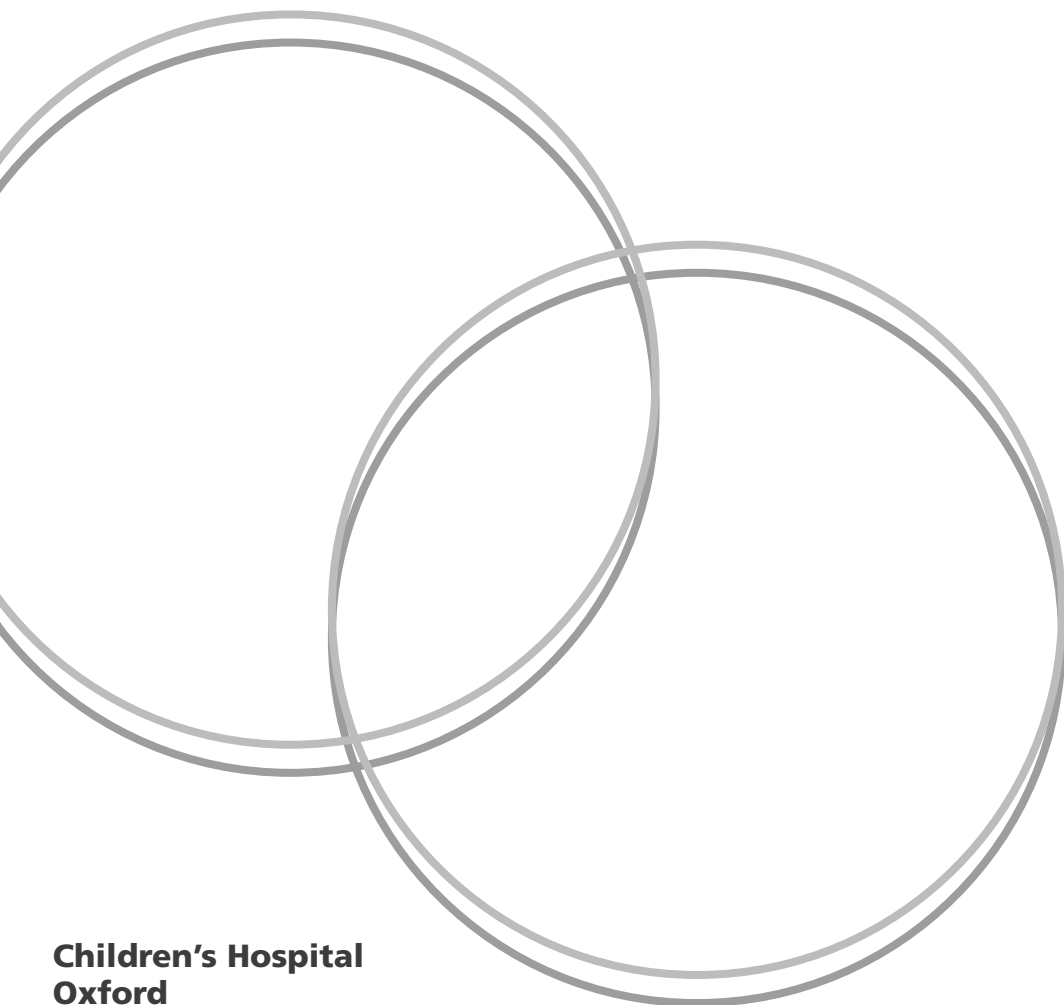




Oxford University Hospitals  
NHS Foundation Trust

# Epidural for pain relief after surgery

**Information for  
parents and carers**



**Children's Hospital  
Oxford**

## **What is an epidural?**

An epidural is a way of providing pain relief after an operation.

The anaesthetist will place a small plastic tube (epidural catheter) into the epidural space, which surrounds the spinal cord in your child's back and through which pain nerves pass to the spinal cord. These nerves send messages through the spinal cord to the brain, when your child feels pain.

An epidural infusion is liquid medication, which is put into the epidural space through the epidural catheter to numb the nerves. This blocks the nerve messages, so the brain doesn't register any pain.

The epidural will be put in place while your child is under general anaesthetic (GA) for their operation. Dressings will be put over the epidural catheter to stop it falling out.

## **What sort of medicine is used?**

Two types of medicine are commonly used, either separately or together. These are:

- a local anaesthetic
- a painkiller.

They will be given continuously through a pump.

## **When is an epidural infusion used?**

An epidural infusion is used for pain relief after certain types of major surgery that are expected to be quite painful. This may include surgery on the lower limbs or abdomen (tummy). The anaesthetist, surgeon and the nurses can all discuss with you and your child (if appropriate) why having an epidural may help your child. Our play therapists can also help to explain to your child what is going to happen and encourage discussion through play.

## **What are the benefits?**

Epidurals can provide pain relief after the operation with less drowsiness, compared to morphine. Your child should experience less pain when they start to move around after their surgery.

## **How will my child feel?**

In the first few hours after surgery, the epidural may make your child feel that their legs are very weak and heavy, or tingling. This is common and usually wears off a few hours after the epidural is stopped.

## **Can every child have an epidural?**

No, for some children an epidural is not possible. If your child has problems with blood clotting, an allergy to local anaesthetics or an infection in their back then an epidural will not be possible.

If your child has a spinal abnormality then we will discuss with you whether an epidural is possible.

Your child's doctor or anaesthetist will decide and talk to you about this.

## Are there any side effects?

There are side effects associated with all methods of strong pain relief. They can be divided into **common side effects** (seen in lots of children, approximately 1 in 10 to 1 in 100) and **rare side effects** (seen in very few children, approximately 1 in 2,500).

Common side effects include numb, tingling legs or weak legs, and not being able to easily pass urine. Your child will have a urinary catheter placed in their bladder while they are under GA to allow the urine to drain easily, which will stay in place until the epidural is removed. Your child's nurse will monitor their sensation and movement in their legs, and may need to reduce the epidural if they are experiencing leg weakness, while still ensuring your child remains comfortable.

Some pain relief drugs can cause nausea, vomiting and itching. Your child's nurse can give other medications to manage these side effects.

Rare side effects include damage to the nerves in the back, infection in the spine and an allergy to the medicine being infused. National studies have shown that 1 in 2,500 children having an epidural will have one of these rare side effects, but permanent damage is extremely rare (1 in 20,000).

Your child's anaesthetist can tell you more about how these serious side effects are prevented or treated. These risks must be balanced against the good pain relief that epidurals usually provide.

## Who looks after the epidural?

Nurses on the ward will closely monitor your child, to make sure the epidural is working as expected. A member of the Pain Management team or anaesthetist will also regularly visit and review your child.

## **What if my child is still in pain while they have the epidural?**

Other pain relieving medicines may be given to your child while they have the epidural infusion. These can work together to improve pain relief and decrease side effects.

Sometimes an epidural may not work very well. If this happens, the epidural infusion can be adjusted to try to get it working properly. If that does not help, your child will be given an alternative pain relief medication. This is usually intravenous morphine, in a pump, which is given straight into a vein and works quite quickly. The epidural infusion would be stopped and the epidural catheter removed.

## **How long will the epidural catheter be in place?**

The time during which the epidural infusion is needed will depend on your child and the type of surgery they have had. It is usually in place for 2 to 4 days.

## **Does it hurt when the epidural is removed?**

The nurse looking after your child will remove the tape holding the catheter in place, and then remove the small tube. This is not painful, but may be uncomfortable. Children often say that the most uncomfortable part is removing the tape. However, a special liquid can be used to help the sticky tape come off more easily.

## **What happens afterwards?**

Once the epidural infusion has stopped, your child will still be given other regular pain-relieving medicines.

Any numbness from the epidural should disappear over the next few hours.

You will be given a leaflet with information on what to look out for after your child has had an epidural.

## **How can I help?**

You know your child best, so can help the nurses make an assessment of your child's pain. You should also encourage your child to take the medicines prescribed for them.

You can reduce your child's pain experience by using simple distraction methods, such as cuddles, playing games, massage and by just talking to them.

We have a pain assessment leaflet which you might find useful.

## Further information

If you have any other questions, please speak to the nursing staff, your child's surgeon or their anaesthetist. We also have a team of nurses and doctors who are specialists in pain relief (the Children's Pain Management team), who can also help.

Information about anaesthetics and epidurals for pain relief can be found at: [www.rcoa.ac.uk/patients-and-relatives](http://www.rcoa.ac.uk/patients-and-relatives)

## How to contact us

If you would like further information, please contact the Children's Pain Management team.

Telephone: **0300 304 7777** and ask for **Bleep 1400**  
(Pain Management Nurse)

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Children's Inpatient Management of Pain Service (ChIMPS)

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