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Anaesthesiology

What does "epidural analgesia" mean?

An epidural is an anaesthetic technique that has been used on maternity wards for over 50 years. It is performed by an anaesthetist with the aim of relieving pain during childbirth. The procedure consists of inserting a catheter into the lumbar region of the back extending to the epidural space to inject a low-concentration local anaesthetic during childbirth. This significantly reduces the pain experienced during childbirth and may even be used as a local anaesthetic should a caesarean section prove necessary.

To give birth with or without an epidural?

The epidural is not mandatory. It is available for your comfort, and the choice is yours.

It may also be recommended for medical reasons to facilitate the birth. If this is the case, your obstetrician or midwife will make a recommendation to this effect.

When is an epidural not an option?

Any blood coagulation problems (if you are taking anticoagulants), skin infections on your back or infections in general **rule out an epidural entirely**. Previous back operations, severe scoliosis or a history of herniated discs may also rule out an epidural.

What happens when I get an epidural?

Positioning the epidural takes between 10 and 20 minutes and takes place in your room on the maternity ward. The anaesthetist will ask you to either sit or lie down on your side and curve the bottom of your back. It is important that you stay still and that you inform the doctor if you are having a contraction. After carefully disinfecting your back and administering local anaesthetic to your skin, the epidural space will be reached by inserting a hollow needle following a standardised technique. It is through this hollow needle that the small plastic catheter will be inserted, which will enable the infusion of pain relief. Regular doses of pain relief will sustain the effect, along with additional doses you can administer yourself by pressing a button.

The epidural may result in a temporary dip in blood pressure, which is why we will take your blood pressure at regular intervals once the epidural has been administered.

The epidural reduces pain, but also has an impact on the strength of your leg muscles. Your legs are likely to feel wobbly, which is why you should not get up alone once you have received the epidural.

Drugs injected by means of an epidural have only local effect and have no effect on the baby.

What are the benefits of epidural analgesia?

It is presently the **most effective means of pain relief during childbirth** that allows other sensations, such as strength and the urge to push, to be maintained to the greatest extent possible. The majority of patients choose this option (around 60% in our hospital). **It does not increase the risk of a caesarean section becoming necessary**. It may, however, slow the second phase of the birth (from complete dilation to birth).

Once the epidural catheter is in place, it can also be used to administer a locoregional anaesthetic should a caesarean section become necessary within a certain time frame (relative urgency). However, should a caesarean become necessary as a matter of absolute urgency (immediately), an anaesthetic will be required.

What risks and/or complications are associated with an epidural?

No medical intervention is completely without risks and/or complications, even if all precautions are taken to prevent the occurrence of undesirable effects.

Relatively common:

- Asymmetric or insufficient analgesia which may mean the catheter has to be partially removed or the needle has to be inserted again in order to reposition the epidural (5%).
- Pain at the point of insertion which usually dissipates over a few days.
- The epidural may cause headaches (2%). If this is the case, please inform the nursing team. If symptoms persist, you will be offered specific treatment by the anaesthetist.
- Your blood pressure may drop after the epidural is inserted (1 in 20). This can be easily treated with drugs.

Rare:

- Temporary neurological issues (< 1%), such as tingling, reduced feeling or weakness in a leg. These may also be linked to the position the legs were in during childbirth. They usually dissipate on their own over a few days.
- Severe hypotension due to anaesthesia over too long a period of time (spinal anaesthesia, fewer than 1 in 10,000).
- Malaise or even convulsions linked to the injection of local anaesthetics into the blood stream (1 in 10,000)

Exceptional:

- A permanent neurological lesion (fewer than 1 in 50,000) secondary to a compressive epidural haematoma
- A deep infection (epidural abscess) or direct trauma caused by the needle (1 in 50,000)

Complications	Frequency	In figures	Compared with everyday life
Reinsertion required due to asymmetric or insufficient analgesia	Common	1 in 8	Chance of becoming pregnant if you have intercourse on the day of ovulation
Low blood pressure requiring treatment with drugs	Common	1 in 20	
Headaches requiring specific treatment	Rare	1 in 100	Probability of having twins
Temporary/transitory neurological lesions (tingling, reduced sensitivity or weakness in one leg, often linked to the position it was in during childbirth)	Rare	fewer than 1 in 1,000	Probability of having triplets
Neurological problems (malaise, convulsions linked to the injection of local anaesthetic into the blood stream)	Very rare	fewer than 1 in 10,000	Probability of having quadruplets
Total spinal anaesthesia (anaesthesia over too long a period of time resulting in the need for a general anaesthetic while its effects wore off)	Very rare	fewer than 1 in 10,000	Probability of having quadruplets
Epidural infection, meningitis	Very rare	1 in 50,000	Probability of winning the EuroMillions draw with 4 matches and 1 star
Permanent neurological lesions (compressive haematoma, deep infection, direct trauma caused by the needle)	Extremely rare	fewer than 1 in 50,000 to 1 in 250,000	Probability of winning the EuroMillions draw with 4 matches and 1 star

This supplementary information sheet is not a substitute for guidance provided by video or in a pre-anaesthesia consultation. The Anaesthetics team will do everything possible to answer any questions you may have regarding pain-relief procedures used during childbirth to ensure you give birth to your baby under the best possible conditions.

We recommend that you participate in the information sessions organised by Obstetrics Department.

If you would like any further information, please feel free to get in touch with Anaesthetic Department via e-mail (sam-anesthesie-fri@h-fr.ch).

Please bring the consent form on the day you give birth so that it can be sent to us during the administration of the epidural.

Following the guidance and/or explanations provided to me, I hereby confirm I have been informed of the nature and purpose of the suggested medical intervention as well as the benefits, risks and potential complications arising from the epidural, along with potential alternatives. Furthermore, I hereby declare that I was given the opportunity to ask any additional questions and received answers to these questions in full (telephone consultation if necessary).

With my signature, I confirm I have read and understood the information on the epidural and give my consent to have an epidural administered during childbirth.

Surname and name : _____

Place and date : _____

Signature : _____
(of the patient/legally authorised representative)



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