

## Epidural Pain Relief for Children

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### Reducing your child's pain

Your child may experience severe pain after some types of major surgery. One of the ways of reducing this pain is through the use of an epidural.

### What is an epidural?

An epidural is a way we can give pain relieving medicine into an area just outside the spinal cord known as the epidural space.

The nerves for carrying pain signals to the brain are present in the epidural space, so by giving small quantities of pain relieving medicine into this space we can block pain signals and control pain.

Medicine is given through a small tube which is inserted into the epidural space by the anaesthetist during your child's operation. The tube is taped to your child's back and shoulder to make it secure. It is then connected to a special pump which controls the amount of medicine your child receives.

Your child should not find the epidural tube uncomfortable, but if they do, please tell your nurse.

### Medicines used for epidurals

A local anaesthetic such as bupivacaine and a morphine-like drug (opioid) called fentanyl are used in epidural pain relief.

The epidural will not stop your child from moving around, although care should be taken not to pull on the tube.

### Side effects of medicines

Sometimes the medicines used in epidurals can cause side effects.

### Bupivacaine (local anaesthetic)

Can cause numbness to the legs. This is normal but should it be a problem, please tell your child's nurse. Your child should not try to stand without help from ward staff. You must tell the nurse if your child is unable to move one or both legs. You must also tell the nurse if your child has numbness that goes higher than the nipples.

### Fentanyl (opioid)

- Can cause sickness. We can give your child medicine for this problem if it persists.
- Can cause itching. Again, we can give your child medicine to help with this.
- Can cause drowsiness. This is normal, so please do not worry. If sleepiness is a problem however, we can reduce the amount of medicine your child has, which will help. We will then use other medicine to help to make your child comfortable.
- Can make it difficult to pass urine. A urinary catheter (tube going into the bladder) may be inserted during your child's operation to prevent this problem.
- Respiratory depression (slow/shallow breathing) is the most serious possible side effect of opioid medicines. For this reason, your child's nurse will check on them frequently while they are having opioid medication to ensure that this is not a problem. Also, there is a medicine available to give to your child should they find it difficult to breathe. This is known as an antidote and makes using this type of medicine safer.

Your child's anaesthetist will be happy to discuss the side effects outlined and any other possible side effects of epidurals with you.

## Complications

It is difficult to give exact figures as to how commonly these occur. This is because they happen so rarely that exact numbers are not known.

The most common complication is a headache caused by a small puncture in the membranes surrounding the spinal cord. The headache can be severe and is worse when the child sits or stands up. If this happens, pain relieving medicine can be given.

The other complications are even less common and the risk of them occurring is 1 in 10,000 patients. They are:

- An infection or collection of blood around the epidural space which surrounds the spinal cord.
- Nerve damage which is usually temporary, but can be permanent. It can affect legs, bladder or bowel function.
- Increasing numbness in the legs and arms, difficulty in breathing and shock.

### It is important to tell the nurse if your child:

- Feels hot and shivery.
- Has increasing or sudden back pain.
- Has numbness or weakness in the legs when the epidural has stopped.
- Is unable to move one or both legs.
- Experience difficulty or any changes in going to the toilet.

**If your child develops any of these symptoms after you go home, you must tell your GP or 'on call' doctor immediately. The pain team or an anaesthetist can be contacted on 01392 402474 during office hours.**

## Other information

While your child has an epidural, the nurses will check him/her frequently to make sure he/she is okay.

Epidurals usually stay in for up to 3 days, depending on how long your child needs it.

When the epidural is no longer needed, the nurses will take the tube out of your child's back while they are awake. This is simple and should not hurt.

While your child has an epidural, and for a short time after it has been removed, your child will probably be visited by one of our pain management nurses. These nurses are there to work with the ward staff to make sure your child is as comfortable as possible.

*We hope this leaflet will be of some help to you and your child. If you have any questions, or need any other help to make your child more comfortable, please do not hesitate to ask us.*

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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