



EPIDURAL/SPINAL ANAESTHESIA FOR CAESAREAN SECTION INFORMATION CARD

Risks of having an epidural or spinal anaesthesia for caesarean section

Type of risk	How often does it happen?	How common is it?
Significant drop in blood pressure causing nausea and vomiting	One in every 10 women	Common
Post-operative itching	One in every 10 women	Common
Pain during operation	One in every 50 women*	Common
Breakthrough pain/discomfort despite spinal/epidural anaesthetic requiring conversion to a general anaesthetic	One in every 100 women*	Uncommon
Severe headache	One in every 500 women (spinal)	Uncommon
Nerve damage (numb patch on a leg or foot, or having a weak leg)	Temporary - one in every 1,000 women	Rare
Effects lasting for more than 6 months	One in every 13,000 women	Very rare
Epidural abscess (infection)	One in every 50,000 women	Very rare
Meningitis	One in every 100,000 women	Very rare
Accidental unconsciousness	One in every 100,000 women	Very rare
Epidural Haematoma (blood clot)	One in every 170,000 women	Extremely rare
Severe injury, including being paralysed	One in every 250,000 women	Extremely rare

The information available from the published documents does not give accurate figures for all of these risks. The figures shown above are estimates and may be different in different hospitals.

The other side of this card gives information about epidural/spinal anaesthesia for caesarean section.

EPIDURAL/SPINAL ANAESTHESIA FOR CAESAREAN SECTION INFORMATION CARD

Epidural/Spinal anaesthesia for caesarean section - What you need to know

This card is a summary. Further information is available from www.labourpains.org
Please discuss anything that is not clear with your anaesthetist.

If you have an Epidural in position prior to arrival to the operating theatre, it can be used to provide anaesthesia for your caesarean section.

If you do not have an Epidural, you will require a Spinal Anaesthetic. This will render your lower half numb to pain and unable to move.

Practical Information

- You will need to have an intravenous cannula.
- It is important to keep still while the Spinal Anaesthetic is being administered. You should let the Anaesthetist know if you are having a contraction.
- It takes 5 minutes to administer the Spinal Anaesthetic.
- It may take up to 10 minutes to become fully effective.

Advantages of a spinal/epidural anaesthetic

- You will be awake during your baby's delivery.
- Quick onset of anaesthesia.
- Provision of long acting pain relief.
- Better post-operative pain control when compared to a general anaesthetic.
- You can eat and drink as usual sooner than after a general anaesthetic.
- In general, Spinal Anaesthesia does not affect your baby.

Possible limitations

- Occasionally the anaesthesia will travel 'high' up the body. Chest and arms may be tingling and numb.
- Management of perceived pain/discomfort is limited to Entonox Gas, IV pain relief or, as a last resort, putting you to sleep with a general anaesthetic.
- Renders you unable to walk for up to 6 hours.
- Requirement for a urinary catheter to be inserted.
- You are likely to feel sensations of pressure, pulling, dragging and twisting. However, this should not be painful.

The other side of this card gives important risks of use of epidural or spinal anaesthesia for caesarean section.