

is required. This is the reason why the midwife will usually “turn down” the epidural at the time of delivery.

No matter how long labour is, we can tailor your epidural to suit. It begins working in 15 minutes of putting it in, right up to the time of delivery.

**EPIDURALS FOR CAESARIAN SECTION**

If in labour already, and caesarian section is required, we can give more local anaesthetic through the epidural that is in place without the need for anymore needles.

If you are not in labour and are having a caesarian section then we use a combined spinal and epidural which allows you and your partner to experience the birth of your child and nurse the baby soon after delivery.

During caesarian there is some sensation. You are aware of touching, pressure, some pulling and pushing but the area feels numb and there is no pain, similar to going to the dentist.

Once the operation is finished we keep the epidural in for pain relief. Small amounts of pethidine are given, which does not cause any numbness. You can still get up, shower and feed baby, but hopefully in comfort.

**COSTS**

The fee charged for epidural anaesthesia administration is calculated using the relative value guide of the Australian Society of Anaesthetists and reflects the complexity of the procedure and time taken.

The fee is not related to the rebate paid by Medicare as listed in the Commonwealth Medical Benefits Schedule Book. Medicare rebates have not been adjusted to CPI or average weekly earnings by the Commonwealth Government for many years and the fee is far below that charged by Anaesthetists therefore there is a gap fee which is your responsibility to pay. Privately insured patients can claim some of this gap from their health fund.

Should you wish to know more about this fee please contact the secretary to make an appointment to discuss this with your anaesthetist. You will appreciate that it may not be possible or appropriate to discuss fees at the time you receive the epidural, so it is better that you are informed beforehand.

**DR JENNIFER KALDOR**

BSc (Med) MBBS, FANZCA

*Specialist Anaesthetist*

**Epidural  
Anaesthesia**

EASTERN SUBURBS  
**ANAESTHETICS**  


Suite 803, 3 Waverly Street  
Bondi Junction NSW 2022

Phone: (61 2) 9389 6600  
Fax: (61 2) 9387 5636

## LABOUR

Although childbirth is natural, it is often painful. If the pain becomes severe, sometimes gas or morphine is recommended. If these are inadequate or adversely affect the baby, your obstetrician may recommend epidural anaesthesia for pain control.

## EPIDURALS

Epidurals have been used for the past 40 years very safely when administered by a specialist doctor known as an anaesthetist. Doctors regard it as the most effective means of reducing pain of childbirth.

The anaesthetist will first get you to sit up on the edge of the bed and arch your back like a banana. She will then inject local anaesthetic at the base of the back which will sting for about twenty seconds. You then will feel a lot of pressure and pushing as the anaesthetist uses a special needle to insert a thin plastic tube (catheter) between the bones and ligaments of the lower back. This catheter stays in the epidural space and all the needles are removed.

Local anaesthetic is injected through the catheter to make the rest of the labour comfortable. This can take about twenty minutes to be effective.

## BENEFITS OF EPIDURALS

- Epidurals can reduce the stress caused by the pain of labour. As women relax, breathing and blood pressure return to normal, blood flow to the uterus improves and can improve well being of the baby.
- Once the catheter is in place if a caesarian section or forceps delivery is required it can be used to administer extra anaesthetic.
- After delivery, especially caesarian section, the epidural can be used for further pain relief.

## POSSIBLE SIDE EFFECTS AND COMPLICATIONS OF EPIDURALS

### Common

- Legs may feel heavy, weak or numb
- Catheter will be inserted as sensation of full bladder is lost
- Decrease in blood pressure, thus intravenous fluids given
- Shivering or nausea
- Sometimes epidurals may give irregular or ineffective pain relief if the local anaesthetic doesn't spread properly around the nerves. A "top-up" will usually correct the problem or the block may be repeated.
- About one in 100 blocks may puncture

the dura (the fluid filled sack around the nerves). This may cause a moderate to severe headache. This may get better by itself or need a second epidural needle. Your anaesthetist will advise appropriate treatment.

## Serious

### Infections around the catheter and spinal cord.

This is very serious and may require antibiotics or surgery.

**Nerve injury.** Virtually all of these are temporary and resolve in 12 weeks. However some permanent spinal damage may occur in about one patient in 10,000. Permanent paralysis or death is possible, but such cases are so rare in modern practice that the precise risks are not known.

## EFFECTS ON BABY

The local anaesthetic and morphine like drugs used appear to have little or no effect on the baby. Any accounts of toxic effects of drugs have been discounted.

## WILL THE EPIDURAL DELAY LABOUR?

Labour will continue with the epidural in place and no significant delay is seen. Sometimes if the block is strong there is little sensation to push, so sometimes this "pushing" stage can take longer and forceps or a vacuum extraction