Introduction

Serious complications from epidural analgesia are rare (1 in 10,000). Because the epidural space is close to the spinal cord, a collection of pus, or a blood clot can cause pressure on the spinal cord. In the unlikely event that there is pressure on the spinal cord, it is crucial to diagnose and treat it as quickly as possible; this must be done by expert hospital doctors to prevent delays in treatment and long-lasting damage. This leaflet tells you what to look for and what action to take if you think that you have a problem.

Assessment before the removal of epidural catheter

At the end of treatment with your epidural infusion, the team of doctors and nurses caring for you will examine you to ensure that you do not have any residual numbness or weakness of your legs from the action of the drugs in your epidural infusion. They will ask you to move your legs and examine you to make sure that the sensation in your legs is as it was before the operation. It is important to remember that some operations can cause altered sensation in the legs; therefore, any changes experienced may be as a result of the surgery and not the epidural. If you do have altered sensation when the epidural is removed, the attending team can discuss this with you.

If you experience any of the listed signs and symptoms (see list below) as a new problem, after your epidural infusion has been stopped as an inpatient, ask the nurse in charge of the ward to contact the Pain Team or on call anaesthetist immediately.
If you have been discharged it is important that you contact the on call anaesthetist at the hospital immediately (Telephone 0117 9505050 and ask the switchboard operator to bleep 1509 between 8am-7pm or 9032 between 7pm-8am or if no answer from 1509). After speaking to the on call Anaesthetist they will arrange for you to be seen in the Accident and Emergency department in order to examine you.

Signs and symptoms

- Redness, pus, tenderness, or pain at the epidural wound site.
- Feeling generally unwell despite the fact that all seems to be well with the surgical wound.
- High temperature, neck stiffness.
- Numbness and or weakness in your legs / inability to weight bear.
- Difficulty passing water / incontinence of faeces.

Further Information for ward staff

For further information on this subject, please contact:

Pain Nurse Specialist on 0117 4141742 (Ext 41742) or bleep 1509 between 8am-7pm or 9032 between 7pm-8am or if no answer from 1509.
How to contact us:

- **Pain Nurse Specialist**
  - 0117 4141742

- **Hospital switchboard**
  - 0117 9505050

  Ask switchboard operator to bleep:
  - 1509 (8am-7pm)
  - 9032 (7pm-8am or if no answer from 1509)

- [www.nbt.nhs.uk](http://www.nbt.nhs.uk)

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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Help to support North Bristol NHS Trust:

- [Southmead Hospital Charity](http://www.southmeadhospitalcharity.org.uk)
  - Registered Charity Number 1055900

- [All Aboard](http://www.nbt.nhs.uk/ft)