Epidural anesthesia is a safe and effective method for providing pain relief during labor. About 80-90% of our laboring patients receive an epidural anesthetic. It involves the placement of a small plastic catheter (or tube) into the space between the lumbar vertebrae or bones in the back. The catheter is introduced through a needle which is used to identify the correct space. Once the catheter is inserted, local anesthetic agents can be administered continuously to significantly reduce the pain of labor. You will also be able to control your own pain using Patient Controlled Epidural Analgesia (PCEA). The epidural pump is programmed to deliver a small pre-set dose of medication when you push the button. You don’t have to worry about giving yourself too much medication as the machine is designed to prevent this from happening. Current techniques use low concentrations of local anesthetics and narcotics, so that most patients will have adequate muscle strength to push effectively with the epidural in place.

The epidural has many advantages over other forms of labor pain relief. Most importantly, the mother is awake and able to fully participate in the birth of her baby and the baby is also awake and vigorous. Numerous studies demonstrate that epidural anesthesia provides superior pain relief compared to all other treatments for labor pain. Furthermore, a reduction in maternal stress has also been shown to benefit the baby. In addition, if cesarean delivery becomes necessary, a higher concentration of local anesthetics can be given through the epidural catheter to provide adequate anesthesia for the surgery.

Other questions?
Should you have further questions about anesthesia for childbirth, ask your doctor to contact us and we will be happy to meet with you to address your concerns.

What are the advantages?
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Of course, no procedure is without its potential complications. These include a “wet tap” in which the needle or catheter enters the subarachnoid space, the space which contains spinal fluid, or an intravascular injection, in which the catheter enters a blood vessel. Since we always “test” our catheter for proper placement before administering the full dose of local anesthetics, complications are almost always avoided. The incidence of “wet taps” is about 1 – 3%. Some of the patients who experience this complication will develop a headache after delivery. While this type of headache is self-limited and not serious, it can be frustrating and uncomfortable for the patient. This headache can be treated, and the anesthesia team is always available for this purpose.

Backache can occur after epidural anesthesia. It is important to understand, however, that about 50% of patients will develop backache after delivery whether or not they have epidural anesthesia. Some patients complain of itchiness after receiving an epidural, but this is generally a minor complaint. Sometimes there can be a small bruise or scab at the site of the needle insertion. Very rarely a patient may develop a reaction to the local anesthetic or develop an infection or hematoma (collection of blood) in the back. Since we are always prepared to rapidly treat these problems should they occur, the outcome for mother and baby is usually very good. Nerve damage as a result of epidural anesthesia is extremely rare.

Finally, despite our best efforts, the epidural will on occasion not provide adequate relief of pain. In this case the epidural can be supplemented with intravenous drugs or a new catheter can be inserted at a different space in your back.

You may read or hear from your friends that epidural analgesia may increase your chances of needing a cesarean delivery. This is simply not true. This once very controversial issue is now completely resolved with numerous scientific studies confirming that having an epidural does not independently increase the likelihood that you will have a cesarean delivery. In fact, even if you request and receive an epidural early in your labor you will not be at an increased risk for cesarean delivery. Here, at Stony Brook University Hospital, we believe that patient request for pain relief is a sufficient reason to provide such pain relief.

Whether your cesarean delivery is planned or an emergency, an anesthesiologist is always available to provide immediate care.

Most patients for elective cesarean delivery will receive spinal anesthesia. It is safe, fast and provides excellent anesthesia for the surgery. A small amount of morphine is added to the spinal anesthetic to provide pain relief for up to 14-24 hours postoperatively. Since we use small, specially designed spinal needles the risk of post dural puncture headache is extremely low. It is not uncommon to have a small drop in blood pressure and some nausea immediately after the spinal is given. This is of short duration and is easily treated. Some patients also complain of mild itchiness. Patients can sit up and hold their babies in the recovery room.

If you have an epidural for labor and require a cesarean delivery, the epidural can be easily used for this purpose and adequate surgical anesthesia can be rapidly achieved in most patients. Morphine can be given through the epidural catheter for postoperative pain relief.

Although general anesthesia is rarely used for cesarean delivery it may, on occasion, be the best anesthetic for mother and baby.

Epidural and spinal anesthetics are sterile procedures. Therefore, the father and/or support person will be asked to leave the room while the block is being performed. He/she will be allowed in once the procedure is finished and the mother is com-