



York Teaching Hospital  
NHS Foundation Trust

# Epidurals and Patient Controlled Analgesia (PCA) for pain relief after surgery

Information for patients, relatives and carers

① For more information, please contact:

**Acute Pain Team**

The York Hospital  
Wigginton Road, York, YO31 8HE

Tel: 01904 725 512

Scarborough Hospital  
Woodlands Drive, Scarborough, YO12 6QL

Tel: 01723 385 160

Caring with pride

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## **Introduction**

This leaflet gives basic information to help you prepare for your pain relief after having your operation. It has been adapted from leaflets with reference to both Epidurals and Patient Controlled Analgesia published by the Royal College of Anaesthetists (RCoA).

Further leaflets are available from the pre – assessment clinics of the Hospital.

## **What is an epidural?**

The nerves from your spine to your lower body pass through an area in your back close to your spine, called the ‘epidural space’.

To establish an epidural an anaesthetist injects local anaesthetic through a fine plastic tube (an epidural catheter) into the epidural space. As a result, the nerve messages are blocked. This causes numbness, which varies in extent according to the amount of local anaesthetic injected.

An epidural pump allows local anaesthetic to be given continuously through the epidural catheter.

## **How is it monitored?**

At regular intervals, the nursing staff will take your pulse and blood pressure and ask you about your pain and how you are feeling.

The Acute Pain Team will also visit you daily to check your epidural is working properly; this will include completing a 'block test'. This is a test that is performed using ice to check how well the epidural is working. They will also check the epidural site on your back.

The epidural pump may be adjusted and we will treat side effects and will check that the pump is functioning correctly.

We will encourage you to move, eat and drink, according to the surgeon's instructions.

## **How long will I have it?**

The amount of pain relieving drug being given by the epidural pump will be gradually reduced by the Acute Pain team.

The epidural will be stopped when you no longer require it for pain relief as you will be taking alternative pain medication.

A few hours after the pump is stopped, the epidural catheter will be removed, as long as you are still comfortable.

## What happens when I go home?

Complications from epidural analgesia are rare (1 in 12,000 cases). For further information contact the Acute Pain Team:

York Hospital: 01904 725 512  
Scarborough Hospital: 01723 385 160

When you are discharged home from hospital if you experience any of the following as a new problem following your epidural:

- Redness, puss or tenderness around the epidural site
- High temperature, neck stiffness
- Numbness and or weakness in your legs or an inability to walk
- Difficulty passing water or repeatedly soiling yourself:

### Ring the Acute Pain Team:

**York Hospital: 01904 725 512**  
**Scarborough Hospital: 01723 385 160**

Alternatively contact York hospital on 01904 631 313 and ask the switchboard to call the Acute Pain Team on bleep 847 or the Maternity Anaesthetist on bleep 600.

Alternatively Scarborough Hospital on 01723 368 111 and ask the switchboard to call the Acute Pain Team on bleep 209 or the Acute Anaesthetist on bleep 184.

## **What do I have to do?**

Although we strive to keep you comfortable following your operation it is reasonable to expect some pain. Pain should be manageable so that you are still able to sleep, cough and move as you need to.

The nursing staff will regularly ask you to score your pain at rest and on movement between 0 and 10 (0 being no pain and 10 being the worst agony you have ever felt). Please try to be as accurate as you can as this helps us to effectively assess your pain and manage it appropriately

This score will help direct us toward a suitable form of pain relief for you at that time.

## **What is Patient Controlled Analgesia (PCA)?**

This is a way of giving you pain relief after your operation that allows you to control your pain relief yourself. If you are having a PCA you will be connected to a pump containing a pain relieving medicine – usually morphine. The pump is linked to a handset that has a button. When you press the button, you receive a small dose of medicine painlessly into your cannula. The pump will be programmed for you individually, both to ensure that you receive an effective dose of pain relief, and also to ensure that you will not receive an overdose of medicine, no matter how often you press the button.

### **How is it monitored?**

At regular intervals, the nursing staff will take your pulse and blood pressure and ask you about your pain and how you are feeling.

They will check that the machine is functioning correctly. We will encourage you to move, eat and drink, according to the surgeon's instructions.

The Acute Pain Team will also visit you daily to check your PCA is working properly.



## **How long will I have it?**

The PCA will be disconnected when you no longer require it for pain relief and can take pain relief by mouth.

There will be other pain relieving drugs available to you when the PCA has been stopped but at a reduced level of strength.

## **What happens when I go home?**

You will be discharged with adequate pain relieving drugs so that you will be comfortable at home. If you still feel that pain is not manageable please contact your GP.

## **What do I have to do?**

Although we strive to keep you comfortable following your operation it is reasonable to expect some pain. Pain should be manageable so that you are still able to sleep, cough and move as you need to.

The nursing staff will regularly ask you to score your pain at rest and on movement between 0 and 10 (0 being no pain and 10 being the worst agony you have ever felt). Please try to be as accurate as you can as this helps us to effectively assess your pain

This score will help direct us toward a suitable form of pain relief for you at that time.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Amy Cochrane Pain Nurse Specialist. Acute Pain Team  
The York Hospital, Wigginton Road, York, YO31 8HE,  
telephone 01904 725512 or email  
[amy.cochrane@york.nhs.uk](mailto:amy.cochrane@york.nhs.uk).

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email  
[pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

Please telephone or email if you  
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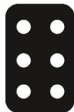
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**01904 725566**

email: [access@york.nhs.uk](mailto:access@york.nhs.uk)



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Large print



Electronic

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