

## Patient information factsheet

# Pain relief in labour: epidurals and remifentanil explained

Epidural	Remifentanil PCA
<b>What is it for?</b>	
<p>A small amount (infusion) of anaesthetic and pain relief is given continuously to numb the nerves below your waist. This reduces the pain of labour contractions and causes your legs to feel heavy.</p>	<p>Remifentanil is a powerful morphine-type drug used regularly in anaesthetics. It was introduced as a method of pain relief in labour at this hospital in 2011.</p>
<b>How is it used?</b>	
<p>A needle is used (with local anaesthetic) to insert a fine plastic tube between the bones in your back. The anaesthetic infusion gives continuous pain relief. You can press a button to give an extra dose if needed.</p> <p>It is important that you sit still while the epidural is being inserted and let the anaesthetist know if you are having a contraction. It usually takes 20 minutes to set up and 20 minutes to work.</p>	<p>A drip is inserted into a vein in your arm or hand and attached to a patient-controlled analgesia (PCA) pump. You press the button on the pump and a small dose of remifentanil is given directly into your vein providing pain relief on demand, reducing the severity of labour pain. This starts working within five minutes of the drip being connected.</p> <p>You need to press the button every time you have a contraction because each dose of remifentanil wears off within a few minutes.</p>
<b>Who is it for?</b>	
<p>To have an epidural you must be on Labour ward and be in established labour (please discuss this with your midwife).</p> <p>Most women can have an epidural. However if you have had a previous operation on your back or problems with blood clotting it may not be suitable for you. Please discuss this with your anaesthetist.</p>	<p>To use remifentanil you must be on Labour ward and be in established labour (please discuss this with your midwife). You cannot start remifentanil if you have had morphine or pethidine in the last four hours.</p> <p>If you have severe heart or lung disease, your labour is premature (you are less than 36 weeks pregnant) or you have an allergy to morphine, remifentanil may not be suitable for you. Please discuss this with your anaesthetist.</p>

## Side effects and risks

An epidural will not provide adequate pain relief for one in every eight women requiring additional pain relief. In some cases, we may need to adjust or replace the epidural catheter.

An epidural may not provide adequate pain relief for a caesarean birth. One in every 20 women who have an existing epidural and need to have a caesarean birth, will need to have a general anaesthetic also.

The risk of long-term back ache or caesarean section is not increased. Epidurals can slow down the second stage of labour slightly. Repeated use of strong local anaesthetic can increase your chance of needing assistance with forceps or a ventouse suction cup (ventouse).

### Common side effects

- itching and shivering
- significant drop in blood pressure (one in 50 women)

### Rare side effects

- severe headache (one in 100 women)
- nerve damage causing a numb patch or leg weakness (this is temporary in one in 1,000 women and permanent in one in 13,000 women)

### Very rare side effects

- infection (one in 50,000 women)
- meningitis (one in 100,000 women)
- epidural haematoma (blood clot) (one in 170,000 women)
- severe injury, including being paralysed (one in 250,000 women)

Remifentanyl will not provide adequate pain relief for every woman. One in ten women will need an epidural. An additional anaesthetic (for example spinal or epidural) will still be necessary for procedures in the operating theatre.

Remifentanyl will pass across the placenta to your unborn baby and can cause your baby to be drowsy at birth. For this reason, we may advise you to limit the number of times you self-administer remifentanyl when your baby's birth is fast-approaching.

Your memory of specific events during labour may be less clear than if you had chosen other non-opiate based forms of pain relief

### Common side effects

- nausea, vomiting and itching
- drowsiness and dizziness
- slow, shallow breathing (one in two women will need extra oxygen to breathe)

If you do not like the side effects of remifentanyl, remember the drug is removed from your body quickly.

### Uncommon side effects

- having to stop using remifentanyl altogether due to persistently low oxygen levels or excessive sleepiness (sedation) despite oxygen support (one in 300 women)

### Rare side effects

- stopping breathing or very slow heart rate needing emergency resuscitation (less than one in 2,200 women)

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