

PATIENT INFORMATION

Anesthesia for Labor & Cesarean Section

There are multiple choices for pain relief during labor and delivery. These include:

1. IV medicines ordered by your obstetrician and administered by your nurse. These medicines may make you sleepy, affecting your level of consciousness.
2. Regional anesthesia administered by an anesthesiologist (spinal or epidural block) that allows you to remain alert and awake.
3. General anesthesia- typically for emergency caesarean sections only.

Epidural

An epidural is commonly used to decrease labor contraction pain and pressure as your baby is delivered. A catheter is placed through a needle into the epidural space in your lower back. Small doses of medication are given to reduce labor and delivery discomfort. Also, stronger medication can be given through the epidural if cesarean delivery is required. It is not unusual to be aware of contractions and feel examinations, as well as feel numbness or weakness of your legs. While almost all patients are much more comfortable after labor epidural placement, not all epidural catheters work perfectly. Some will need to be adjusted or even replaced to function well. Though it is uncommon, epidural placement is not recommended for patients with certain medical conditions or patients who have had certain types of spine surgeries. This should be discussed with an anesthesiologist prior to arriving at the hospital in labor or for cesarean section. If you or

your obstetrician have questions relating to this, a pre-admission anesthesiology consultation may be arranged through your obstetrician's office.

Although rare, side effects and complications can occur.

- Medication given to relieve pain can cause your blood pressure to decrease, which may in turn slow your baby's heart rate, requiring intravenous fluids, medicines or a change in your position to improve blood flow.
- If the covering to the spinal fluid is pierced, you may get a severe headache. This can last for days and may require another epidural procedure (epidural blood patch) to treat it. To decrease this risk, you are asked not to move during the procedure.
- All procedures have a small risk of bleeding and infection. These are uncommon with epidural placement.
- If the drugs enter a vein in the epidural space, you may get dizzy, or rarely, have a seizure or cardiac arrest.
- If you have a bleeding problem due to medications, underlying diseases or problems during the pregnancy, the epidural procedure can result in bleeding or bruising around the nerves to the lower body, potentially causing damage. In some cases, an epidural may not be recommended.

(continued on back)

- If epidural doses of anesthetics enter the spinal fluid, this can affect the chest muscles and make it hard to breathe. Your anesthesia care team is prepared to prevent, detect and treat these complications and support breathing should this problem arise.
- During general anesthesia, a breathing tube is placed into your mouth to assist with breathing. Any time a breathing tube is placed, there is always a small risk of damage to your teeth or mouth, as well as occasionally a sore throat.

Spinal

A spinal block is an injection in the lower back similar to an epidural. A small amount of medicine is intentionally placed in the spinal fluid below the spinal cord to numb the lower part of the body. It provides pain relief, works quickly and usually lasts about two hours. This is often used for cesarean delivery and has the same risks and side effects as an epidural.

General Anesthesia for Cesarean Section

General anesthesia consists of medications that put you to sleep (loss of consciousness), so that you are not awake and do not feel pain. General anesthesia is used if epidural or spinal anesthesia is not possible or not the best choice for you.

- A major risk of anesthesia may occur when food or liquid in your stomach goes into your windpipe and lungs. This is known as aspiration. During unconsciousness, stomach contents can come back into your mouth and go into your lungs, causing pneumonia or other injury. To avoid this, you are asked not to eat or drink once labor has started. Antacids are given to reduce stomach contents.

- When general anesthesia is used, it is often during an emergency when your baby's heart rate is low, requiring immediate delivery. In these cases it is rare, but possible, that you may have symptoms of awareness during the procedure.

The circumstances of your labor will help determine the types of pain relief and anesthesia you will need. The doctors caring for you will discuss your plans for pain relief and answer any questions you have.

If you have additional questions prior to your hospital admission, a pre-admission anesthesiology consultation may be arranged through your obstetrician's office.

Should you choose to have or need any of the above services from the Department of Anesthesiology, you will be required to give informed consent prior to the procedure.

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