Pain Management after Surgery: Epidural Analgesia in Children

Information for patients, parents and carers

Your doctor and anaesthetist will have discussed and agreed with you and your child that epidural analgesia will be the best pain management option for your child.

Epidurals are commonly used as pain management for women giving birth. Epidurals can also be used for babies, children and teenagers after surgery to keep them comfortable while they recover. Epidural pain relief can be used following chest, abdominal (tummy) or leg surgery over a large area.

Complications are rare and these will have been discussed with you by the anaesthetist. The risks will be weighed up against the benefit of having an epidural.

What is an epidural?
A thin plastic tube (the epidural catheter) is placed between the bones of the back (the vertebrae) and left in the epidural space.

The anaesthetist will put the epidural catheter in your child’s back once they are asleep under the general anaesthetic for the operation. The catheter is taped securely to your child’s back so they cannot pull it out.

Local anaesthetic is trickled through the catheter by a special pump. The local anaesthetic numbs the nerves in the spinal cord which stops the feeling of discomfort where your child’s operation was.

Why have an epidural?
Epidurals can provide good pain relief because they can stop your child feeling discomfort in the area where they have had the surgery. Epidurals have fewer side effects than some other ways of giving pain relief medicine.

What should my child expect?
Your child should be comfortable enough to move, breathe deeply and cough.

As your child gets better, they will become more comfortable and use less pain relief medicine.

Most children feel numb over the operation area and sometimes describe the feeling as “tingly”. Your child’s legs may feel weak and heavy. Most children don’t find this worrying.

If your child has an epidural for surgery below the belly button, it is likely they will have another plastic tube (catheter) placed in their bladder to drain their urine while the epidural is running.

Check with your child’s nurse to see if your child is able to walk or sit out of bed if their legs are not numb. If allowed, your child will need help from nursing staff or a physiotherapist to do this.

The nurses will work with you to watch for signs of discomfort. This helps us to give the right amount of pain relief to keep your child comfortable.

The epidural is usually taken out after 2-3 days. The removal is gentle. After the epidural is turned off, the “tingly” and heavy feelings wear off and normal feeling returns after a few hours. The Comfy Kids Team will make sure other pain relief medicine is available to keep your child comfortable.

How else can you help your child?
- Distraction can shift your child’s focus from being in hospital to something enjoyable. Distraction with storybooks, movies or similar can help
- Guide your child’s imagination to go somewhere in their mind that they enjoy or feel safe such as dancing or riding
- Praise your child and reinforce their ability to stay calm and cope
- Keep your words helpful and focused on getting better
• Ask your nurse for a brochure on helpful words called ‘Words I can use to help my child during a procedure’

Care after going home
Your child may need to take pain relief medicine for the first few days until they are moving comfortably and well. If your child needs strong pain relief medicine when they go home, your ward doctor will order them and the hospital pharmacist will give you information.

Key points to remember
• Epidurals can keep your child comfortable after major surgery
• Your child will be closely checked to make sure they are comfortable and safe
• The epidural is removed after 2-3 days
• Other pain relief medicine may be given to your child while they have the epidural and after it is removed
• The Comfy Kids Team will see your child every day

The Comfy Kids Team
The Comfy Kids Team help to keep your child comfortable in hospital. They will check your child at least twice a day while they have an epidural to make sure the epidural is working as well as it can.

More Information
If you have any other questions about epidurals, please ask your nurse or ask them to contact the Comfy Kids Team for you.

Remember, you know your child best and we need you to help us do the best for them.

If at any time you are concerned about your child’s comfort, please tell your nurse or doctor.

Important Take Home Information
Late problems (up to 6 weeks) are very rare but need prompt treatment.
Please contact a doctor, either your GP or at the Paediatric Emergency Department at the WCH if your child experiences any of the following:
• Headache, especially if it is worse when upright, which does not settle with simple pain relief medicine like paracetamol
• Weakness or not being able to move their legs
• Severe backache
• Difficulty controlling the bladder and/or bowels
• Fever
• Redness or swelling on your child’s back where the epidural went in

If your child needs to see a doctor in the first 6 weeks after having surgery please let them know that they had an epidural.

Nurse to complete prior to discharge:

**Epidural Details**
Patient name: ………………………………………
Insertion date: ………………………………………
Removal date: ………………………………………
Level of insertion: caudal / lumbar / thoracic (please circle)