

## Medication to Take Home

Paracetamol and ibuprofen may be continued at home. Initially these are given regularly throughout the day, but as your child's pain improves, the frequency of these can be reduced and then stopped. Paracetamol and ibuprofen can be given together (follow instructions on the medicine boxes for doses).

Some children may need additional stronger pain medicines. The pain team will assess and advise as required.

## Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services: [www.bartshealth.nhs.uk/pals](http://www.bartshealth.nhs.uk/pals)

### Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

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Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

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All our patient information leaflets are reviewed every three years.

Patient information

# Children's Pain Control After Surgery

## Epidural Infusion



## **Introduction**

This leaflet describes a way of giving pain relief after an operation. You have been given this leaflet as it is likely that your child will have this form of pain relief during their hospital stay.

Please read the leaflet before your child's operation. An anaesthetic doctor (anaesthetist) will come to see you and your child before their operation and answer any questions you may have. The anaesthetist will ask questions about your child's health, discuss the anaesthetic and suitable pain relief. This is to ensure that you understand which pain medicines will be given in theatre and on return to the ward. The anaesthetist will discuss the advantages and disadvantages of having an epidural infusion, as well as the risks. Serious complications are very rare.

## **The Pain Management Team**

Anesthetists, specialist nurses and pharmacists work together to prevent, assess and treat your child's pain. The pain nurse or anesthetist will prescribe, start, review and make changes to the epidural infusion.

Whilst your child has an epidural infusion they will be reviewed at least twice daily by the pain team. The pain nurses are usually available Monday-Friday 9am-5pm and at all other times an anesthetist will be contacted for advice and review if required. They will assess your child's pain relief and make adjustments as necessary.

## **Epidural Infusion**

It gives a numbing medicine (local anesthetic) into the epidural space. The epidural space is an area in the back. The local anesthetic blocks the nerves near the surgical area, thereby providing pain relief.

While your child is asleep a small plastic tube (epidural catheter) is inserted into the epidural space. It is taped onto your child's back with a see-through dressing. The local anaesthetic is given via a pump throughout the surgery and is usually continued for the next few days on the ward.

The nurses on the ward are trained to use the epidural pump and assess your child's pain relief and side effects.

During surgery your child will have a small tube (urinary catheter) placed into the bladder to allow urine to drain away into a bag, as it can be difficult to pass urine the usual way.

The epidural infusion often feels strange as the legs feel numb and may feel heavy and weak. Numbness and leg movement will be assessed and treated as appropriate.

During the epidural infusion low blood pressure may occur, your child will be assessed and treated if this is the cause. Other causes of low blood pressure will also be treated.

There may be some leaking of the medicine around the epidural insertion site. Usually this is not a problem as long as your child is comfortable. Redressing may be required.

Your child will also be given other pain medicines in addition to the epidural infusion, usually these include paracetamol and ibuprofen. Oral strong pain medicine can be given in addition to the epidural if needed. Muscle cramps may occur after orthopedic surgery. The epidural infusion usually helps with these, but occasionally oral diazepam (muscle relaxant) may be given.

The epidural infusion is continued for up to three to four days. Removing the epidural catheter is not painful and is done by the nurses on the ward. Removing the dressing may be uncomfortable. Any numbness from the epidural will disappear after a few hours.