

Information for patients and carers

Post Epidural Infusion Discharge Advice

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

Introduction

You have been given this leaflet because you have received an epidural infusion as part of your pain management plan following your operation. The anaesthetist will have discussed the possible complications of epidurals prior to insertion. Serious complications from epidural analgesia are rare (1: 145,000- 168,000). As the epidural space is close to the spinal cord, a collection of pus or a blood clot can cause pressure on the spinal cord. In the unlikely event that there is pressure on the spinal cord it is crucial to diagnose and treat it as quickly as possible. This must be done by specialist doctors to prevent delays in treatment and long-lasting damage. This leaflet tells you what to look for and what action to take if you think that you have a problem.

Assessment before removal of epidural catheter

Whilst you are an inpatient the inpatient pain nurses will see you regularly to check that the epidural is working effectively and that your legs are not too numb and weak. The inpatient pain team nurses and the ward nurses will also check your back to make sure that the epidural insertion site is not red or sore.

Assessment after removal of epidural catheter

Some operations can cause altered sensations in the legs, so any changes experienced may be as a result of the surgery and not the epidural. When the epidural is removed, hospital staff will check to ensure that you do not have any residual numbness or weakness in your legs from the action of the drugs in the epidural infusion. They will also ask you to move your legs and check to make sure that the sensation in your legs is as it was before the operation.

If you do have altered sensations when the epidural is removed, they will discuss this with you.

The ward nurses will also check the epidural site for any signs of infection such as redness, pain, heat and swelling. If you experience any of the

signs and symptoms listed below whilst still an inpatient, please inform your ward team immediately.

When you go home it is important that you and your carers continue to look out for any of the following signs or symptoms which could suggest a complication with your epidural site:

- **Redness, pus, tenderness or pain at the epidural site**
- **Feeling generally unwell despite the fact that all seems to be well with the surgical wound**
- **High temperature, neck stiffness, headache**
- **Numbness and/or weakness in your legs/inability to weight bear**
- **Difficulty passing urine/controlling bowel movements**

If you become aware of any of the above, please go to your nearest Emergency Department and inform them that you have recently had an epidural catheter. Please take this leaflet with you.

If you have any other concerns regarding your epidural site, please contact the ward you were on prior to discharge

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

<https://bepartofresearch.nihr.ac.uk/>

[Best practice in the management of epidural analgesia in the hospital setting](#)

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All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolem@LTHTR.nhs.uk

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Division: Diagnostics and Clinical Support

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