

Notes

# Your

# Anesthetic



# Labor and Delivery



*The staff of Associated Anesthesiologists, Inc., would like to welcome you. We are a group of physicians, certified registered nurse anesthetists, registered nurses, physician assistants and other personnel who specialize in anesthesia and pain therapy services. It is our pleasure to provide obstetrical anesthesia care for you at Saint Francis where we have an anesthesiologist in the hospital 24 hours a day, 365 days a year. We would like you to know about anesthesia and what to expect when it is administered, so we have prepared this booklet for your information.*

*Thank you for choosing Saint Francis Hospital and Associated Anesthesiologists, Inc. Best wishes with your labor and delivery experience and congratulations on the birth of your baby!*

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### **How Is Pain Treated During Labor and Delivery?**

There are a number of methods to make you more comfortable during your delivery. You may decide to use non-medicinal breathing techniques to ease your labor and delivery pain, or you may choose intravenous or intra-muscular narcotics to make you more comfortable. These will be prescribed by your obstetrician. If you elect to have a labor epidural, one of our anesthesiologists will administer it.

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### **Labor Epidural Analgesia For Vaginal Delivery**

Epidural anesthesia is administered with an epidural needle that is placed between your lower backbones just in front of the membrane that surrounds the spinal cord and nerves. For the placement of the epidural you will lie on your side or assume a sitting position. The anesthesiologist will cleanse your back with antiseptic solution and

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give you some local anesthetic in the skin and deep tissue before the epidural needle is put in place. After dilute local anesthetic and narcotics are injected, a small catheter is inserted through the epidural needle, and then the needle is removed, leaving the catheter in place. Sometimes during placement of the epidural needle, patients notice a "twinge" or "light shock" in one leg, like when you bump your "funny bone". This is not uncommon, but do tell the anesthesiologist which leg was affected.

A patient-controlled pump is connected to the catheter so you can receive a continuous infusion of dilute local anesthetic and narcotics, If during your labor you desire additional medicine, the pump allows you to control the level of pain relief. All you need to do is press the button. Note: If an epidural is elected, the anesthesiologist will decide if anyone can stay with you while you receive it.

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### **Anesthesia For C-Section**

Epidural placement does not necessarily mean you will deliver by C-section; approximately one in five (20%) deliveries occurs with C-section. If you already have an epidural in place, it can be utilized for C-section anesthetic, however, you may require general anesthesia. Only the anesthesiologist will decide whether one of your family members may be present during your C-section. Please be advised that in the case of general anesthesia, no one other than hospital staff will be allowed in the operating room.

If it is determined that you need an emergency C-section, the staff will move you quickly into the operating room and apply the necessary monitors to undergo a general anesthetic. The anesthesiologist will decide if a family member may be present during your C-section. Please be assured we do this in the best interest of you and your baby.

If you have planned a scheduled C-section, you will most likely receive a spinal block. You will lie on your side or in a sitting position, and the anesthesiologist will cleanse your back with antiseptic solution. He/she will then inject a local anesthetic into the skin and deep tissues and place a spinal needle through the membrane around the spinal cord. A small amount of local anesthetic combined with morphine is administered through the spinal needle. You maybe given some extra oxygen by facemask or nasal cannula. Don't be alarmed; this is normal and occurs with most patients. After the anesthesiologist has placed your spinal and is confident that your block is adequate, you will be allowed to have one person in the operating room.

### **Complications**

Most patients experience satisfactory pain relief with labor epidurals, but occasionally some will experience discomfort during delivery. Obesity, scoliosis and previous back surgery can make placement of an epidural or spinal anesthetic difficult or impossible. If you have a history of any of these, please notify the anesthesiologist.

Sometimes a vein is entered during placement of the epidural or spinal. If this happens, the epidural or spinal may need to be placed at a different level. If the catheter is not placed in the epidural space it may lead to ineffective pain relief. Rarely, the epidural catheter migrates from the epidural space to the space beneath the membrane surrounding the spinal cord, but if it does, it can lead to a high block level. The labor and delivery nurses are trained to recognize this, however, and they will notify the anesthesiologist immediately.

Anytime the membrane around your spinal cord and nerves is entered, you have a chance of developing a spinal headache, but your chances are minimal (about two in one hundred or 2%). If you develop a headache after receiving a spinal or epidural, inform your nurse or obstetrician. They will contact the anesthesiologist on call to evaluate you for treatment.

After delivery, a patient who requires either an epidural or spinal anesthesia may develop weakness and/or numbness in one or both legs, but this is rare. Most commonly weakness or numbness is due to pressure on your pelvis from the baby during the delivery process. For the most part, the weakness resolves upon delivery, but if you develop symptoms like this at any time, don't ignore them, notify your obstetrician.

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### **Other**

We require that you read this pamphlet then read and sign the informed consent-to-treat document. After reading this pamphlet, if you have questions that cannot be answered by our office staff, feel free to schedule a visit with the anesthesiologist. There is no charge for the visit.

We request pre-payment of the insurance co-pay and deductible for labor epidural analgesia. If you do not use our services, we will provide a prompt refund.

This information does not cover all precautions or side effects of anesthesia.