

# Epidural Pain Relief

A fine tube in your back that gives continuous, adjustable pain relief

An epidural uses a fine tube (a **catheter**) placed in your back, just *outside* the bag of fluid that surrounds your spinal cord. Local anaesthetic flows through the tube to numb the nerves as they leave the spinal cord. Because the tube stays in place, pain relief can be **topped up and continued for several days**. An epidural is closely related to a spinal anaesthetic; the main difference is where the medication goes and how long it lasts.

## WHEN IT IS USED

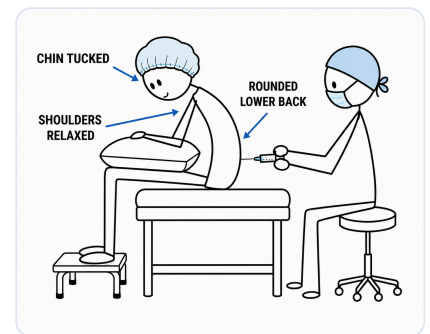
### Common situations

Epidurals are used to manage pain during and after larger operations and in childbirth. Common examples are major chest and abdominal surgery, pain relief during labour, and major vascular surgery. It is often used alongside a general anaesthetic, so you wake with the epidural already controlling your pain.

## HOW IT WORKS

### What happens, step by step

- You sit or lie on your side and curl your back outward to open the gaps between the bones.
- Your back is cleaned with antiseptic and local anaesthetic numbs the skin.
- A needle is guided into the **epidural space**.
- A soft, fine tube is threaded through the needle, the needle is removed, and the tube is taped up your back and over your shoulder.
- The tube is connected to a pump. Pain relief builds up over 10 to 30 minutes and is kept going, or topped up, for as long as you need it.



*This position can help to open up the spaces in your back. Your anaesthetist will guide you through it.*

## BENEFITS

### Why an epidural may be offered

- Continuous pain relief that can be adjusted to your needs, often for 2 to 5 days.
- Less need for strong opioid medications and their side effects.
- Helps you breathe deeply, cough and move earlier, lowering the risk of chest infections.
- In labour, it can give powerful pain relief while you stay awake and alert.

## RISKS AND SIDE EFFECTS

### How safe is an epidural?

Epidurals are used many thousands of times a year in New Zealand and are very safe. Most effects are mild and expected; serious complications are rare. The numbers below are approximate, and your own risk depends on your health and your operation.

- 1 Low blood pressure — Very common.** Expected, and routinely treated with fluids and medication.
- 2 Patchy or one-sided pain relief — Common (about 1 in 10).** The epidural can often be adjusted; occasionally it needs to be re-sited.
- 3 Itching, shivering, or difficulty passing urine — Common.** Temporary; medication may help; a urinary catheter is often used while the epidural is running.
- 4 Headache afterwards — Uncommon (about 1 in 100).** Usually settles; a simple treatment can be offered.
- 5 Temporary nerve irritation — Rare (about 1 in 1,000).** A numb or tingling patch that almost always recovers fully over days to weeks.
- 6 Permanent nerve damage — Very rare (about 1 in 24,000–50,000).** You are more likely to be killed on NZ roads this year than to have this happen.
- 7 Serious harm (bleeding or infection around the spine) — Extremely rare (about 1 in 100,000).** The risk is higher if you take blood thinners, which is why these are carefully managed.

**How is an epidural different from a spinal?** An epidural places a fine tube *just short of* the spinal fluid and can be topped up for days. A spinal is a single injection *into* the fluid that works within minutes but wears off in a few hours. See the companion leaflet, [Spinal Anaesthesia](#).

## COMMON QUESTIONS

### Your questions answered

#### Will I be able to move or walk?

Your legs may feel heavy. The dose is set so you can move in bed and, when safe, get up with help.

#### Will I feel the operation or my contractions?

The aim is comfort, not total numbness. Tell your team if you have pain so the epidural can be adjusted.

#### How long does the tube stay in?

Usually 2 to 5 days. Removing it is quick and painless, like taking off a sticking plaster.

#### What if it does not work well?

Your team can adjust the dose, reposition the tube, or replace it. Other pain relief is always available as a backup.

#### Will it give me long-term back pain?

No. You may be tender for a few days, but research shows epidurals do not cause ongoing back pain.

#### Can I have one if I take blood thinners?

Tell your team about all your medications. Blood thinners must be carefully timed or paused beforehand.

**Authors:** Dr Sam Schriek & Dr Jenny Ross, Consultant Anaesthetists, Wellington. This leaflet is our own work, created for patient education. We have not received payment from Te Whatu Ora or any other organisation for this content.

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