# Labour Analgesia

## EPIDURAL CATHETER REMOVAL

### KEY WORDS
Epidural, platelets, coagulation, haematoma

### PURPOSE
To remove an epidural catheter intact.

### KEY POINTS
1. For any woman post Caesarean birth or in Adult Special Care Unit notify the anaesthetist prior to removal of the epidural and ensure that adequate analgesia has been charted.
2. Ensure the woman does not require epidural top-ups for perineal tears or episiotomy. Any woman who has experienced a third or fourth degree tear / episiotomy **may have the epidural left in situ** for top-ups postpartum.
3. Check the coagulation status. Platelets must be greater than 100,000 prior to removal.
4. Check heparin administration if appropriate. Remove according to the Clinical Guidelines, Section **E.4.9 Epidural Complications** under Epidural Haematoma

### EQUIPMENT
OpSite spray
Bandaid or dry dressing

### PROCEDURE

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<tr>
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<th>PROCEDURE</th>
<th>ADDITIONAL INFORMATION</th>
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<tbody>
<tr>
<td>1.</td>
<td>Inform the women about the procedure.</td>
<td>Some women are concerned that the removal is painful. This is not the case and removal of the tape is the worst part</td>
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<td>2.</td>
<td>Prepare the necessary equipment</td>
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<td>3.</td>
<td>Position the women in the same manner that they were in for insertion.</td>
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<td>4.</td>
<td>Perform hand hygiene and don gloves</td>
<td>See <strong>WNHS Infection Control Manual, Policy 2.4 Hand Hygiene</strong></td>
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5. Loosen the tapes and dressings

6. Apply gentle traction to the epidural catheter until the epidural is out.
   - If resistance is met ask the women to change position i.e. bend backward or sideways
   - If still unable to remove the catheter contact the anaesthetist or Anaesthetic Pain Service (APS) for assistance.
   Changing position sometimes allows for easy removal.

7. Check the epidural catheter is intact.
   Note the presence of a dark coloured tip usually blue or black in colour.

8. Note any inflammation or abnormal exudate.
   If the presence of pus is noted the epidural tip should be sent to the laboratory for culture.

9. Spray the insertion site with opsite spray and apply a bandaid or dry dressing.
   Sterile opsite seals the site. The bandaid absorbs any blood if superficial bleeding and is a visual reminder to the APS to check the site.

10. Document and sign in the MR 280 the
    - date and time of the epidural catheter removal
    - volume of remaining solution discarded
    - observation of the epidural insertion site

11. The epidural site will be checked again 24 hours after removal of the epidural catheter by the APS. If any problems develop before this time contact the anaesthetist or APS.
### MANAGEMENT OF LMWH, UFH AND NEURAXIAL BLOCKADE

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<tr>
<th>CONTEXT</th>
<th>CLINICAL CARE</th>
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| Safety of a neuraxial blockade in patient’s receiving anticoagulation depends on: | - Anticoagulant used  
- Timing of insertion  
- Whether the catheter is left in situ  
- Timing of removal  
Spinal haematoma, the most serious complication, is a clinical emergency | - Tends to occur at either insertion or removal of a neuraxial catheter  
Consider risk and benefit relative to the clinical circumstances  
- Provide information to the woman to support informed decision making |

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<th>PLAN CARE</th>
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| - Formulate a written plan of care  
- Refer to and discuss with the anaesthetic team  
- Monitor for evidence of neuraxial haematoma for 24 hours after insertion or removal of neuraxial catheter | |

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<thead>
<tr>
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| **Prophylactic dose** | - Wait at least 12 hours after LMWH dose before inserting a neuraxial block or removal of catheter  
- Wait at least 4 hours following neuraxial blockade or neuraxial catheter removal before giving subsequent LMWH dose |

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| **Therapeutic dose** | - Avoid therapeutic dosing with catheter in situ if possible  
- Wait at least 24 hours after the last therapeutic dose LMWH before performing neuraxial blockade or removing catheter  
- Wait at least 4 hours following neuraxial blockade or neuraxial catheter removal before giving subsequent LMWH dose |

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<thead>
<tr>
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| **Prophylactic dose** | - Wait at least 4 hours after the last dose of UFH (doses ≤ 10,000U) before performing neuraxial blockade or removing the catheter  
- Wait at least 1 hour after performing neuraxial blockade or removing the catheter before giving a subsequent UFH dose |
REFERENCES (STANDARDS)

<table>
<thead>
<tr>
<th>RESPONSIBILITY</th>
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<tbody>
<tr>
<td>Policy Sponsor</td>
<td>HoD Anaesthetics</td>
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<tr>
<td>Initial Endorsement</td>
<td>September 2001</td>
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<tr>
<td>Last Reviewed</td>
<td>June 2014</td>
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<td>Last Amended</td>
<td>January 2015</td>
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<tr>
<td>Review date</td>
<td>June 2017</td>
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National Standards – 1 Clinical Care
Legislation - Nil

Related Guidelines Section E 4 Labour Analgesia
Other related documents – Nil