

## 4 PAIN MANAGEMENT IN LABOUR

### 4.8 NEURAXIAL BLOCKADE

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4.8.9 Epidural Side Effects  
Section B  
Clinical Guidelines  
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#### 4.8.9 EPIDURAL SIDE EFFECTS

##### ITCH

- This is common with intrathecal opioids (particularly fentanyl and morphine).
- Aetiology unclear, but not due to histamine release.
- It mainly occurs on the neck, arms, chest, abdomen and face.

##### MANAGEMENT

- Small doses of an opioid antagonist
  - Naloxone (50 to 150 micrograms intravenously, hourly when necessary).
  - Naltrexone (6mg orally).
  - Nalbuphine (2.5-5mg intravenously).
  - Prophylactic 5-HT<sub>3</sub> antagonist (ondansetron) reduces the severity and need for treatment.
  - Await for opioid to wear off

**Note:** morphine can have an effect for up to 24hours.

##### NAUSEA

##### CAUSES

- Pain
- Labour
- Opioids (morphine more than fentanyl)
- Hypotension
- Dehydration

##### MANAGEMENT

- Optimal treatment of opioid- induced nausea is an opioid antagonist.
- Prophylactic 5-HT<sub>3</sub> antagonists in patients receiving intrathecal morphine.
- Postoperative Nausea and Vomiting Protocol (See MR315) See Clinical Guideline [Anaesthesia and Pain Management Section](#)
- Rehydrate as able.
- If nausea persists:
  - Midazolam infusion 1mg/hour i.e. 10mg midazolam in 100mL Sodium chloride 0.9% infused at 10mL/hour for 24hours

##### SHIVERING

##### CAUSES

Sympathetic block induced vasodilation (due to local anaesthetic) with redistribution of heat from the core to the periphery. This usually only lasts 10 to 15 minutes.  
Can occur postpartum even in the absence of anaesthesia for labour.

## MANAGEMENT

- Warm blankets or forced –air warmer (Bair Hugger).
- Warm intravenous fluids.
- Pharmacological options when bothersome and not responding to conservative measures:
  - Pethidine 25mg slow IV
  - Clonidine 30-150mcg IV
  - Tramadol 3mg/ kg IV

## BACKACHE

Lower back pain is common with pregnancy and labour whether an epidural has been inserted or not. Localised pain is usually a dull ache or tender to touch around the area where the needle was inserted.

Occasionally swelling, bruising or redness may be present.

Studies have found no correlation between epidural labour analgesia and an increased incidence of long-term backache.

## MANAGEMENT

- Simple analgesia (paracetamol and NSAIDS)
- Observe for:
  - worsening symptoms
  - Neurological alteration / deficit affecting the legs.
  - signs of infection
  - loss of bladder and / or bowel control
- Discomfort usually lasts 1 to 2 days
- If at any time pain is worsening contact the anaesthetic department or Acute Pain Service (see Clinical Guidelines, Section [B,4.8.12 Acute Pain Service](#))

## POST-DURAL PUNCTURE HEADACHE

### CAUSES

- Due to leakage of CSF through a dural rent, traction on cranial structures and cerebral vasodilation.
- Worsened by sitting / standing and relieved by lying down.

### MANAGEMENT

- Simple analgesics.
- Bedrest.
- Hydration.
- Caffeine.
- Epidural blood patch (treatment of choice for severe debilitating PDPH).
- Most resolve in 7-10 days if left untreated.

## REFERENCES

1. Wells J., Paech MJ., Evans SF. Intrathecal fentanyl- induced pruritis during labour: the effect of prophylactic ondansetron.**Int J Obstet Anesth.** 2004; 13(1):35-9.
2. Gan TJ.,Ginsberg B., Glass PS., Fortney J.,Jhaveri R., Perno R. Opioid –sparing effects of a low dose infusion of naloxone in patient administered morphine sulphate.**Anesthesiology.** 1997; 87(5):1075-81.
3. George RB., Allen TK., Habib AS. Serotonin receptor antagonists for the prevention and treatment of pruritis, nausea and vomiting in women undergoing caesarean delivery with intrathecal morphine: a systemic review and meta- analysis.**Anesth Analg.**2009; 99(3):718-27.
4. Kranke P., Eberhart LH., Roewer N., Tramer MR. Single dose parenteral pharmacological interventions for the prevention of postoperative shivering: a quantitative systematic review of randomised controlled trials. **Anesth Analg.**2004; 99(3):718-27.
5. Breen TW., Ransil BJ., Groves PA. Oriol NE Factors associated with back pain after childbirth.**Anesthesiology.** 1994; 81(1):29-34.
6. Loughnan BA., Carli F., Romney M., Dore CJ., Gordon H. Epidural analgesia during labour.**Br J Anaesth.**2002; 89(3):466-72.