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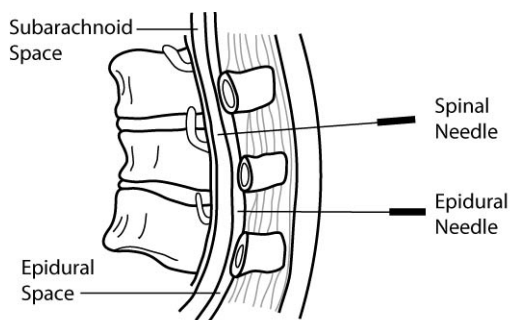
Epidural Consent Form

We would like you to please read the following form carefully. It contains important information about the epidural procedure, how it is performed and the possible risk factors to mother and baby.

Medical History

Please inform the anaesthesiologist of any medical illnesses and chronic medication that you take. It is vitally important to mention any bleeding disorders or if you are taking a blood thinning drug such as Warfarin, Aspirin, Plavix, Pradaxa, Clexane or any others.

What is an Epidural?



Adapted from BMJ Publishing Group Limited (student.bmj.com)

The epidural will be performed by a specialist anaesthesiologist with several years of experience (this is a medical doctor who has

trained further, specifically in anaesthesiology and passed the qualification exams).

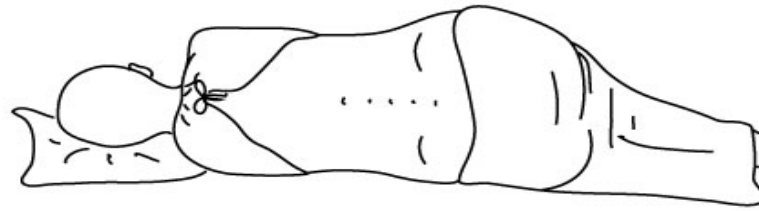
The anaesthesiologist will use a needle inserted into the lower back to locate the epidural space. This is just outside the covering layers and the fluid that surrounds the spinal cord. A small plastic pipe called a catheter is left in this space. This allows the anaesthesiologist to inject local anaesthetic into the epidural space and numb the nerves that carry pain signals to the spinal cord. The relief of labour pain is beneficial to you and your baby and it will often allow the delivery to proceed more smoothly.

How is an Epidural performed?

You will be asked to sit on the bed with your legs resting over the side of it. An intravenous cannula (drip) will be inserted to allow fluid or medication to be administered.

The anaesthesiologist will clean your back with an antiseptic solution and you will then have to curve your back and lean forward to make it as rounded as possible. This helps to open up the spinal space at vertebrae L3 and L4 in your lower back.

Local anaesthetic is then injected to numb the skin in that area. This will sting slightly for a few seconds. The anaesthesiologist will then insert the epidural needle at the L3/L4 space, locate the epidural space and feed the small catheter into the space. The needle is then removed and the catheter is secured with tape.



What will happen after the epidural is completed?

You will be asked to lie on your back again and the monitors for the baby's heartbeat and for your uterine contractions will be put back into place. Once local anaesthetic is injected into the catheter, it will take 10 to 15 min for the epidural to set and numb the pain of the contractions.

As soon as it is working well, the nurse will insert a catheter into your bladder and perform a vaginal examination to assess the progress of labour.

Your legs will feel very heavy and difficult to move and you will not be able to walk whilst the epidural is working.

The epidural can be used for as long as is necessary by running an infusion of local anaesthetic via the epidural catheter.

Possible Risks and complications

Common

- A drop in blood pressure is commonly seen but it is usually minor.
- Nausea and vomiting may occur.
- Shivering is common and caused by altered temperature regulation.
- Sometimes there is a small area that may not be fully anaesthetized or numbed.

- The second stage of labour is slightly prolonged (average of 15 min).
- There is no evidence to show that epidurals lead to a higher rate of Caesarean Section or forceps deliveries.
- There is no evidence to show that epidurals are harmful to your baby.

Rare

- Accidental puncture of the dural layer resulting in leakage of the CSF (fluid around the spinal cord). This can lead to a severe headache (post dural puncture headache) but this is treatable.
- Epidural haematoma (blood in the epidural space)
- Infection or meningitis
- Damage to a nerve near the spinal cord (usually minor and short in duration)
- Epidurals have not been shown to cause chronic back pain but some stiffness and pain at the injection site may occur for a few days.
- Occasionally, the baby's heart rate trace may show signs of distress after the epidural. This will usually resolve with careful positioning and fluids or medication.

Payment

Please be advised that the anaesthesiologists are not employed by the hospital and so the bill for performing the epidural will be *separate*.

We do submit accounts to the medical aids but depending on your cover, there may be a shortfall and payment of this will be your responsibility. If you would like a cost estimate or have any billing queries, please discuss these with the anaesthesiologist prior to the procedure.

If you are planning to have an epidural and are not yet admitted to hospital, please kindly contact Cape Anaesthetics Inc. for a cost estimate.

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Medical Aid Details

Medical Aid:

Scheme:

Number:

Gap Cover: YES___ NO___

Consent

I hereby confirm that I have read and understood the information in this form and that I accept that payment for the procedure is ultimately my responsibility should my medical scheme not cover the full amount invoiced.

I hereby give my consent to receive an epidural.

Patients full name:

Patient's signature:

Date:

Place: