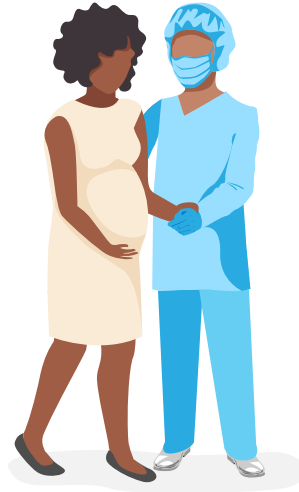


Epidural anaesthetics: risks and side effects

About epidurals

An epidural is a type of anaesthetic where a very thin plastic tube (catheter) is put in your back. Your anaesthetist uses the catheter to give you pain medicines to relieve pain or numb the lower part of your body. The catheter stays in your back and you can have more pain relief if you need it.



Epidurals are often used as pain relief during childbirth to make contractions less uncomfortable. You can get more information about epidurals for childbirth on the LabourPains website:

<https://bit.ly/PainRelief-Labour>.

Epidurals can also be used for surgery and pain relief after surgery. You can read more about epidurals for surgery on the RCoA website: www.rcoa.ac.uk/patientinfo/epidural-anaesthesia.

About risk and epidurals

Everyone is different and it is not possible to know who will experience a side effect or risk.

Knowing about risks can help you discuss options with your healthcare team and make informed decisions about your care or birth plan.

The risks in this leaflet are averages obtained from research studies. You can find out about the research that we used in our regional anaesthesia and risk evidence table, which you can view on our website:

www.rcoa.ac.uk/patientinfo/epidural-evidence-table.

Your risks might be higher or lower than these numbers. If you are thinking about having an epidural for surgery, your anaesthetist will discuss with you the risks that are more likely or significant for you.

If you're thinking about having an epidural during childbirth, you might not meet the anaesthetist until you're in labour. Since labour can be unpredictable, you might decide to have an epidural even if you hadn't planned to. Whether an epidural is part of your birth plan or not, reading this leaflet and others on the LabourPains website can help you prepare for the unexpected and think about any questions you might have.

Risk and epidurals during childbirth

According to the latest evidence, epidurals:

- **do not** make you more likely to need a caesarean birth
- **do not** make the use of ventouse or forceps[†] more likely
- **do not** make your baby drowsy or cause them long-term harm
- **do not** cause backpain after childbirth.

Choosing an epidural for pain relief during labour may help lower the chance of serious complications, such as heavy bleeding (haemorrhage), infections, blood clots or the need for intensive care.

[†]Instruments used to help guide a baby out during a vaginal birth.

Epidurals can make childbirth safer if:

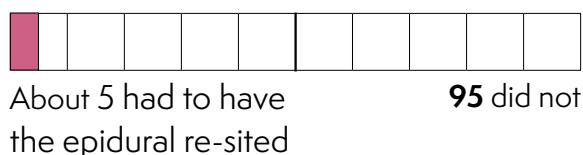
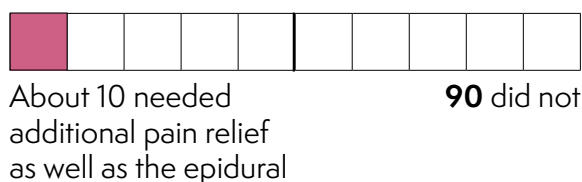
- you live with obesity
- you have existing health problems
- you are expecting more than one baby
- your baby is premature (born early).

What happens if the epidural does not work?

Epidurals do not always work as well as they should and sometimes they do not work at all. They take about 20 minutes to set up and up to 30 minutes before you feel the full effect. If it is not working well for you, tell your midwife or anaesthetist. They can:

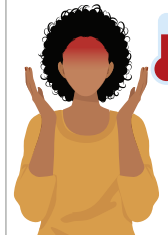
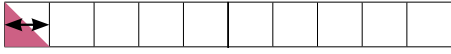
- give you more anaesthetic through the catheter
- ask you to change your position
- move the catheter to a different place in your back (re-siting)
- suggest a different type of anaesthetic.

Out of 100 people who had an epidural during labour

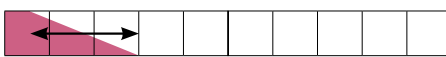
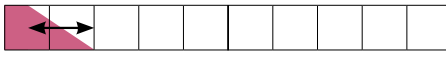


Risks and side effects associated with epidurals

These numbers are out of every 100 people who had an epidural.

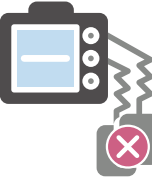
What happened?	For how long? Can it be treated?	How many? Out of every 100 people (one hundred people)
 Headache (post-dural puncture headache)	It can happen between one day and one week after the epidural. It can be mild and get better within a few days with over-the-counter pain relief, or it can be severe and require treatment in hospital. You can get more information about post-dural puncture headaches from our website: www.rcoa.ac.uk/patientinfo/headache-spinal-epidural	 0.5–1 did 99–99.5 did not
 Fever	It can happen in the hours after an epidural and last for a few days. Your healthcare team may offer you antibiotics if it is caused by an infection.	 1–10 did 90–99 did not

Epidural anaesthetics: risks and side effects

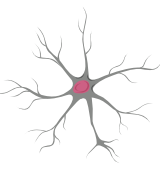
	Low blood pressure that needed treatment	It can happen immediately and last for a few hours soon after the epidural. It can make you feel sick, dizzy or drowsy. Your healthcare team can give you medicine to improve your blood pressure.	 5–30 did 70–95 did not
	Feeling sick (nauseous)	It can happen immediately and last for a few hours soon after the epidural. Your healthcare team can give you anti-sickness medicines if it happens.	 5–20 did 80–95 did not
	Itching	It can happen immediately and usually wears off after a couple of hours. Your healthcare team can give you medicine to treat the itching.	 About 30 did About 70 did not
	Difficulty passing urine	You might not be able to feel if you need to go to the toilet after an epidural. The healthcare team sometimes recommends a urinary catheter, a thin tube to drain the urine directly from your bladder. This might stay in until the next day.	

The risks below are rare.

These numbers are out of every 1,000 people.

What happened?	For how long? Can it be treated?	How many? Out of every 1,000 people (one thousand people)
 Local anaesthetic toxicity (too much anaesthetic in your bloodstream). This can result in serious complications such as fits (seizures) or cardiac arrest (when the heart stops beating)	These are serious complications. Your team will treat you quickly if they happen.	About 1 did About 999 did not

These numbers are out of every 20,000.

What happened?	For how long? Can it be treated?	How many? Out of every 20,000 people (twenty thousand people)
 Weak, numb, tingly leg, buttock or foot (nerve damage)	Temporary damage (days or weeks) and normally gets better by itself. Permanent damage.	8 did 19,992 did not About 1 did About 19,999 did not

Epidural anaesthetics: risks and side effects

These numbers are out of every 50,000.

What happened?	For how long? Can it be treated?	How many? Out of every 50,000 people (fifty thousand people)
 Meningitis symptoms are headache, fever and vomiting	Meningitis infection can happen days or weeks after the epidural. This can be treated with antibiotics.	1 did 49,999 did not

These numbers are out of every 200,000.

What happened?	For how long? Can it be treated?	How many? Out of every 200,000 people (two hundred thousand people)
 Infection in or around the spine	It happens days or weeks after the epidural. It is treated with antibiotics or sometimes surgery to drain an abscess.	2 did 199,998 did not
 Blood clot around the spine (vertebral haematoma)	This is a serious complication which may require emergency surgery. It can cause leg paralysis if not treated quickly.	1–2 did 199,998 did not

These numbers are out of every 500,000.

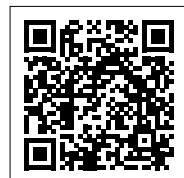
What happened?	How many? Out of every 500,000 people (five hundred thousand people)
 Becoming paralysed	2 did 499,998 did not

More information on the risk of nerve damage after an epidural or spinal is available here:
www.rcoa.ac.uk/patientinfo/nd-after-spinal-epidural.

Tell us what you think

We welcome suggestions to improve this leaflet. If you're a patient or carer, we'd love to hear from you. Please complete this short survey at: www.rcoa.ac.uk/patientinfo/epidural#tell-us or you can scan the QR code below with your mobile. If you have any general comments, please email them to: patientinformation@rcoa.ac.uk.

rcoa.ac.uk



© 2025 Royal College of Anaesthetists (RCoA)

This information may be copied for the purpose of producing patient information materials. Please quote this original source.
If you wish to use part of this information in another publication, suitable acknowledgement must be given and the graphics, branding, images and icons removed. For more information, please contact us.