



مستشفى كينجز كوليدج لندن
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Patient Information for Consent Post Dural Puncture Headache



Headache following Epidural/Spinal anaesthesia

You have been given this leaflet because you have had or are at risk of having a special type of headache that occurs after spinal or epidural anaesthesia. This leaflet will explain what to expect and who you can contact.

Why is this headache special?

Headaches following surgery or childbirth can be normal however following spinal or epidural anaesthesia a specific type of headache can develop called a 'post dural puncture headache'. This can occur from one day to one week after the spinal or epidural anaesthetic, but usually in the first 72 hours.

The headache is typically at the front or back of the head, worse when sitting up, standing, or leaning forward. You may have other symptoms such as neck pain, dizziness, feeling sick or a dislike for bright lights. It will be difficult to walk around as the headache gets much worse when you stand up.

What causes this headache?

Your brain and spinal cord are surrounded by a fluid filled sac or membrane. The fluid is called CSF (cerebrospinal fluid) and the membrane is called the dura. In a spinal anaesthetic a small hole is intentionally made in this membrane to allow injection of the anaesthetic. In an epidural anaesthetic a larger needle is passed into the space just before the membrane, occasionally in approximately 1 in 100 cases the needle can go through the membrane.

This fluid normally acts like a shock absorber for the brain. If too much fluid leaks through the hole in the dura, the pressure in the rest of the fluid and around the brain can fall, and the membranes can stretch. This low pressure can lead to a typical post-dural puncture headache.

What can be done about the headache?

Some simple methods can help manage your symptoms such as lie flat whenever possible, regular painkillers, drink plenty of fluid, avoid straining and heavy lifting. These headaches can be very disabling and although they do resolve themselves within 7-10 days as the hole in the membrane heals, you should not wait this long before seeking help. If these simple measures do not relieve your symptoms you can be offered an epidural blood patch.

What is an epidural blood patch?

This is a procedure performed by two senior anaesthetists. An epidural is performed and blood taken from your arm is injected into your back with the aim that the blood will clot and seal the hole in the membrane. After the blood patch you will need to lie flat for 2 hours but after that you should be able to go home with the anaesthetist following you up via telephone.

Will it work?

Complete or partial relief will be seen in 50-80% of cases, if partial or no relief is seen a second epidural blood patch can be performed.

What risks are associated with an epidural blood patch?

Back pain can occur in up to 50% of women during an epidural blood patch. 80% can have back ache 24 hours following the EBP which may continue for several days but reduced in severity with resolution for most women within 4 weeks. Localised bruising may be seen around the epidural site. There is a small risk (<1%) that a second dural puncture could occur when the blood patch is being done.

What will happen after the blood patch?

After the procedure you should lie flat for 2 hours, you should be reviewed by an anaesthetist within four hours of the procedure. If you are discharged home on the day of the epidural blood patch you should be contacted the following day. If you remain in hospital, you should be reviewed daily until discharge or until your symptoms resolve. Before discharge, you will be given verbal and written advice on when to contact the hospital should their headache return, or other symptoms develop.

Who to contact once discharged?

When you are discharged from hospital you will be given a leaflet with worrying symptoms to look out for and contact details for the anaesthetic team in the hospital who you can contact 24/7.

Please contact Labour ward triage urgently in the unlikely event that you develop any of the following:

- Severe back pain.
- A high temperature.
- Worsening headache with stiff neck.
- Leg weakness or not feeling normal.
- Difficulty weeing (passing urine).
- Unable to control toileting body functions (incontinence of urine or stool).