

Patient Information

Post Dural Puncture Headache

You have been given this leaflet because you either have, or are at risk of having, a headache which may be due to a spinal or epidural anaesthetic.

Anaesthetic Department
Derriford Hospital
Derriford Road
Plymouth
PL6 8DH
Tel 01752 439203

www.plymouthhospitals.nhs.uk

What are the side effects?

- Localized bruising to your back.
- Mild backache for a few days.
- 1 in 100 chance of another dural puncture.
- Nerve damage, bleeding and infection are very rare complications.

If you develop severe back pain, abnormal sensation in your legs or difficulty passing urine then you should contact your doctor immediately and inform them that you have had an epidural blood patch.

Will it work?

- Most people will have immediate relief or improvement in their symptoms within 24 hours.
- 60-70% of people will have permanent relief of their symptoms.
- If your headache returns or persists then you may be advised to have a repeat blood patch, this will be effective in 80 - 90% of people.
- To maximise the chance of a blood patch working try to avoid lifting / straining / coughing for as long as possible, at least 2 days.
- Your anaesthetist will visit you on the ward before you go home to ensure that the headache is settling, you will also be offered a follow-up appointment in the anaesthetic clinic in 6-8 weeks.

Who to contact for advice after discharge:

If you develop a severe headache after you have been discharged from hospital or you are worried about any of the symptoms discussed in this leaflet then please contact your midwife who will contact one of the obstetric anaesthetists, alternatively you contact the delivery suite and ask to speak to the obstetric anaesthetist:

Please phone (01752) 7163610

You can also contact the obstetric anaesthetist directly via switchboard, phone (01752) 202082 and ask to speak to the obstetric anaesthetist on bleep 0399.

If you cannot contact the obstetric anaesthetist and you feel that your symptoms are an emergency (i.e. cannot pass urine, or headache associated with numbness/weakness in your arms or legs) then please see your GP or attend the emergency department and take this leaflet with you.

This leaflet is available in other languages and formats. Please contact Administrator (01752) 439203

Date issued: August 2016
For review: August 2018
Ref: A-308/Maternity/ED/VF/ Post Dural Puncture Headache



What is a 'dural puncture'?

A dural puncture occurs when a hole is made in the fluid filled protective membrane (the "dura") which surrounds the brain and spinal cord.

Leakage of small volumes of fluid through this hole may be sufficient to drop the pressure of the spinal fluid, this can cause a severe headache and other symptoms.

During a **spinal anaesthetic** the anaesthetist intentionally makes a hole in the membrane with a very fine needle to allow injection of the anaesthetic drugs close to the spinal nerves. The needle is so fine that a minimal amount of fluid leaks out, unfortunately in approximately 1 in every 200 people there is enough fluid leakage to cause a headache.

During an **epidural anaesthetic** a much larger needle is passed into the space just before this membrane to allow insertion of the epidural catheter. If this larger needle makes a hole in the membrane then much more fluid will be able to leak out and this is likely to cause a headache. This occurs in about 1 in every 100 epidurals. It is a recognised complication of an epidural and your anaesthetist will have warned you about this risk beforehand.

What symptoms might I get?

Headache:

- This is the most common symptom and can occur between 1 and 7 days following the procedure but usually occurs within 72 hours.

- It is worse on standing, and leaning forwards, often relieved by lying flat.
- Usually felt across the front or back of your head, it is often severe and may prevent you from carrying out your normal daily activities.

Other symptoms include:

- Neckache
- Nausea
- Hearing loss or Tinnitus (ringing in the ears)
- Double vision or photophobia (dislike of lights)

What happens next?

If you have no symptoms then you do not need to do anything different. Drink plenty of fluids and continue as normal.

If you have developed a headache or other symptoms then rest flat in bed as much as possible and inform your midwife so that the anaesthetic team can be informed. If your headache develops after discharge then you can contact the anaesthetic team directly (see reverse of this leaflet).

What treatment is available?

Some headaches will resolve after 7-10 days without treatment but some can last considerably longer, there are several things you can do that may help:

- Lie flat when possible.
- Take regular simple pain relief such as paracetamol and ibuprofen.
- Ensure you keep well hydrated by drinking plenty of fluid.

- Avoid heavy lifting and straining.
- If you still have symptoms after 24 – 48 hours, despite the above measures, your anaesthetist may suggest having an 'epidural blood patch'.

What is an Epidural Blood Patch?

An epidural blood patch involves injecting around 15-25ml of your own blood into the epidural space in your back. This helps increase the pressure of fluid around your brain and spinal cord and also helps seal the hole in the membrane.

The process is similar to having an epidural; you lie on your side curled up to make your back as round as possible. Your back will be cleaned to make the procedure sterile, one of your arms where the blood will be taken from will also be cleaned.

Whilst one anaesthetist inserts the epidural needle in your back (using local anaesthetic to numb the skin) the other anaesthetist will take blood from your arm, this will then be passed to the anaesthetist doing the epidural who will inject it into your back.

Whilst this is happening you may feel pressure in you back/head/legs, if you do then tell the anaesthetist but try not to move.

Once the procedure has been done you will have to remain lying down for 2-4 hours in order to try to maximise the chance of the blood patch working.