

Post Dural Puncture Headache

What is a Post Dural Puncture Headache

A Post Dural Puncture Headache (commonly called a “spinal headache”) may occur after a procedure such as a spinal anesthetic, insertion of an epidural catheter, a diagnostic spinal tap or a medication injection.

After any of these procedures, there may be a leaking of spinal fluid through a small hole in the membrane (dura) which covers the spinal cord and contains spinal fluid. This hole may have been caused intentionally by the procedure, as in a spinal anesthetic or a lumbar puncture, or it can sometimes occur accidentally during placement of an epidural. When the dura is punctured, spinal fluid can leak, decreasing the pressure in the spinal fluid and causing symptoms such as a headache, ringing in the ears, light sensitivity, and/or nausea.

Symptoms

Symptoms occur most often 12–48 hours after the procedure, although they can take as long as 7 days to appear.

- Headache.
 - This is the most common symptom.
 - Usually present or gets worse while sitting or standing, and gets better when lying down.
- Ringing in the ears.
- Light sensitivity (being bothered by bright lights) or visual disturbances.
- Nausea.
- Neck Stiffness.

The headache and other symptoms are not usually dangerous, but they can make doing your normal daily tasks more difficult.

Treatment

Most post dural puncture headaches will eventually get better by themselves, with no treatment.

Conservative treatments you may first be advised to try include:

- Bed rest.
- Drinking plenty of fluids.
- Taking oral pain medicines such as Tylenol or Ibuprofen.
- Caffeine, from beverages or as an oral medication, can also help.

If these do not relieve your headache, or if the dural puncture is not likely to get better on its own, you may be referred to an Anesthesiologist for an epidural blood patch.

Epidural Blood Patch

An epidural blood patch procedure is performed by an Anesthesiologist and takes about 30 minutes. It is similar to having an epidural, but involves having your own sterile blood injected into the epidural space close to the site of the original procedure. This should seal the leak of spinal fluid and relieve the symptoms.

An epidural blood patch results in prompt relief of the headache in the majority of patients.

Occasionally the headache is not relieved, or the headache can return (usually within one or two days). Another epidural blood patch may be recommended if this occurs.

What to Expect

Prior to the epidural blood patch procedure, you will meet with the Anesthesiologist, who will review your medical history, medications and answer any questions you may have.

As this procedure is invasive and does carry some risks, it is important to be properly prepared.

Risks

The risks of the epidural blood patch procedure include, but are not limited to:

- Failure to improve your headache.
- Making the headache worse by causing a bigger fluid leak.
- Back pain and pain going to your legs. This usually resolves in a few days, but may last for several months.
- Rarely, serious infection in the back including meningitis or an abscess causing permanent nerve damage.

Medical History

You must be healthy on the day we do the blood patch. You cannot have a severe cold, flu, rashes, or other infections. If you are feeling sick or have a cold please let us know.

Tell us if you have ever been told you have thrombocytopenia (Low Platelets) or have a problem with your blood clotting.

Please let us know of any prescription, over-the-counter medications, or herbal supplements you are taking. Certain medications may interfere with our ability to safely perform an epidural blood patch on you.

Blood Thinning Medications

An epidural blood patch procedure cannot be performed safely if your blood is thinned. Please inform the anesthesiologist at the time of your consultation for the post dural puncture headache if you are on any blood thinners. Some of these may include (but are not limited to):

- Coumadin (Warfarin).
- Heparin.
- Clopidogrel (Plavix).
- Dabigatran (Pradax).
- Rivaroxaban (Xarelto).

Please note that, if you take blood thinners, it is important that you do not discontinue your medications without consulting your doctor. Stopping some medications may be risky. Your doctor will discuss with you whether your medications can be discontinued and how to do this safely.

If you are not sure about the drugs you are taking, ask your doctor.

The Procedure

An intravenous will be started in your hand. Your arm will be prepared for a sterile draw of blood.

The epidural blood patch will be performed with your back curled, either lying on your side or sitting up. The Anesthesiologist will prepare your back in a sterile fashion and guide a needle into your back. Approximately 20 mls. of your blood will be taken from your arm and immediately injected into your epidural space. You may feel pressure in your back during the injection. The injection will be stopped if it becomes too painful for you.

After the Procedure

Please follow these instructions to achieve optimal relief of your headache:

- Remain lying down for two hours after the procedure.
- After two hours you can resume light activity, but preferably spend most of the next 24 hours lying down.
- Do not return to work for 24 hours.
- Do not do any lifting or straining for two days.
- You may continue to take oral pain relieving medicines if you are finding them effective.
- Drink plenty of fluids.

Please Return to the Emergency Department If You Have the Following:

- If your headache returns or is not relieved.
- If you have a fever over 38° degrees.
- If there is drainage, redness or swelling at the injection site in your back.
- If you have new or severe back or neck pain.
- If you have new weakness or numbness in your legs.
- If you have difficulty voiding or lose control of your bowel or bladder.



Making better
decisions together
with patients
and families

For more copies, go online at <http://vch.eduhealth.ca> or
email pchem@vch.ca and quote Catalogue No. **FM.290.P66**
© Vancouver Coastal Health, May 2020

The information in this document is intended solely for the
person to whom it was given by the health care team.
www.vch.ca