

What can WE do to help you?

- If the simple measures overleaf do not help, the anaesthetic team on Delivery Suite may consider performing an epidural blood patch.

What is an Epidural Blood Patch?

- An epidural blood patch is performed by two senior anaesthetists and takes approximately 30 minutes.
- An epidural is performed and instead of inserting a catheter for pain relief, some of your own blood is taken from a vein and inserted into the space near the hole in the membrane.
- The aim is that the blood will clot in the epidural space and seal the hole in the membrane, stop the leak and relieve the headache
- After the blood patch, you will have to remain lying down for a couple of hours but will usually be able to go home within 2-4 hours.
- The anaesthetist will contact you after discharge to see if the blood patch has helped. We would advise that you continue taking the simple painkillers as before until you feel that you do not need them any more.

You should contact us if:

- Your headache returns or becomes worse
- You develop any neurological symptoms such as problems with vision or hearing, bowel or bladder problems, areas of numbness or pins and needles
- You get severe back pain
- You develop a high temperature or rigors

Will it work?

- Most people will have relief within 24h.
- 60-70% of patients will have permanent relief after a first blood patch.
- If you still have a headache after this or if your headache returns, a further blood patch may be advised and 80-90% then have permanent relief.

What are the possible side effects?

- Localized bruising to the middle of the back
- Mild backache for a few days.
- 1 in 100 chance of a further accidental dural puncture.
- Nerve damage, bleeding and infection are very rare complications
- If you develop severe pain in your back, abnormal sensation in your legs or difficulty passing urine, **you should contact a doctor immediately.**

Will it happen again?

Having a headache after an epidural/spinal once does not mean that you will definitely have one next time. The chance will remain the same – 1 in 100 for an epidural and 1 in 200 for a spinal. However, if you become pregnant again, you should ask your midwife to refer you to the Anaesthetic Antenatal clinic where you can discuss your experience with a senior Anaesthetist.

Compiled by:
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Post Dural Puncture Headache

You have been given this leaflet as you either have or are at risk of developing a special type of headache, after having a spinal or epidural anaesthetic.

This leaflet provides information of what to expect, and who and when to contact after your discharge from hospital.

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Why may I have a Headache?

- A layer of spinal fluid surrounds the brain and spinal cord. This is contained within a protective membrane.
- When a hole is made in this membrane, spinal fluid may leak out. The leak of fluid is tiny and not visible on the surface of the body but may be enough to cause a drop in pressure in the spinal fluid, which may cause a severe headache.
- During a spinal anaesthetic, a hole is intentionally made in the membrane with an extremely fine needle to allow the anaesthetic to be injected into the spinal fluid close to the nerves. Due to the small size of the needle, most people do not have a significant leak of fluid. Unfortunately, about 1 in 200 may experience a leak of fluid that causes a headache.
- During an epidural anaesthetic, a larger needle is passed into the space just before this membrane. This is to allow the insertion of an epidural catheter that remains in that space to give repeated doses of anaesthetic during your labour and delivery. Occasionally, in 1 in 100 people, this larger needle may unintentionally go through the membrane and into the spinal fluid. Because the needle is larger, the leak tends to be more significant and usually results in a headache.

Does it mean something went wrong?

- Puncture of this membrane is a recognised complication of an epidural, which is something you would have been warned about by your anaesthetist before your epidural.

Why You?

- **There is usually no particular reason why this may have occurred in your case.**

What symptoms can you expect?

- A severe headache, felt at the front or back of your head may develop between one day and a week after the procedure, but usually within the first 72 hours. The headache may prevent you from carrying out your normal daily activities.
- The headache is typically worse on standing, sitting up, leaning forwards, coughing and straining, but usually gets better within 15 minutes of lying down.
- You may experience other symptoms such as neck pain or stiffness, blurred or double vision, dizziness, a dislike of lights or feeling sick.
- If a headache does develop after discharge from hospital OR you are worried about any of the above symptoms, please contact us.
- If your headache is associated with confusion, drowsiness, severe vomiting or any degree of numbness or weakness in your arms or legs, this is an **EMERGENCY** and you should contact us on Delivery Suite as soon as possible.

How can you contact us?

Please phone Delivery Suite at the University Hospital of Wales:

02920 742686 or **02920 742679**
& ask to speak to one of the on-call anaesthetic doctors

Alternatively, contact us directly via UHW switchboard

Phone **02970 747747**

Ask to put through to the Senior Obstetric Anaesthetist
Bleep number **6931**

What can YOU do to help?

There are a number of things that may help:

- Lie flat whenever possible
- Take regular simple pain relief e.g. Paracetamol and Ibuprofen
- Drink plenty of fluid
- There is some evidence caffeine helps, so drinking caffeine rich drinks such as coffee, tea or coke may help
- Avoid straining and heavy lifting
- **Sometimes the headache can be severely disabling and although it will naturally resolve by itself after 7-10 days, it is not advisable to wait this long before seeking help.**