

Contact details

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It is very rare to need more than two blood patches. Your anaesthetist will discuss this with you.

After a blood patch, we recommend that you lie flat in bed for four hours. When you get up, you should try to avoid bending or straining, and not lift anything heavy for at least two days. You may need someone at home to help you.

Can a blood patch cause problems?

From what we know so far, there do not seem to be any long-term side effects from an epidural blood patch. Patients who have had a blood patch have gone on to have normal epidural and spinal anaesthetics.

An epidural itself may cause local bruising and backache which lasts for a few days. Epidurals and epidural blood patches do not cause long-term backache.

References/original sources

Headache after an epidural or spinal anaesthetic: <http://www.oaa-anaes.ac.uk/content.asp?ContentID=469>

Headache after epidural or spinal anaesthetic:
<http://www.rcoa.ac.uk/document-store/headache-after-epidural-or-spinal-anaesthetic>

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Department of Anaesthesia Patient Information

Headaches following epidural or spinal anaesthetics



This leaflet describes a special type of headache that can occur after having an epidural or spinal anaesthetic. It explains what the headache is like and what can be done about it.

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Introduction

Headaches are common after childbirth and not all headaches are due to having had an epidural or spinal anaesthetic.

Epidurals and spinals are very safe. However, occasionally problems such as headache can occur. Your anaesthetist or midwife will be happy to discuss this in greater detail and to answer any questions.

What is special about the headache?

Headaches are common after childbirth. However, after having an epidural anaesthetic, about one in 100 people may develop a 'post dural puncture' headache. If you have a spinal anaesthetic, the headache tends to be less severe and occurs less often, affecting about one in 500 people.

The headache typically occurs between one day and one week after having an epidural or spinal anaesthetic. **It is usually a severe headache, felt at the front or back of your head, feels better when lying down, and gets worse on sitting, straining or standing.** In addition to the headache you may experience neck pain, sickness and a dislike of bright lights.

What causes the headache?

Your brain and spinal cord are contained within a bag of fluid. The bag is called the dura and the fluid is called the cerebro-spinal fluid (CSF). When an epidural is given, a needle is used to inject local

anaesthetic just outside the dura. In about one in 100 patients the needle passes through the dura accidentally. When a spinal is given, a fine needle is inserted through the dura deliberately to inject local anaesthetic into the CSF.

If too much fluid leaks out of the hole in the dura, the pressure in the rest of the fluid is reduced. If you sit up, the pressure of this fluid that surrounds your brain and spinal cord is reduced even more. This decreased pressure causes the symptoms typical of a 'post dural puncture' headache.

What you should do if you think you have this type of headache

- If you have this type of headache, it can be relieved by lying down and resting. The hole in the dura will usually mend itself within a few days or weeks but it can take even longer. Avoiding bright lights, lifting and straining may help.
- Simple painkillers taken regularly, such as paracetamol and ibuprofen, may also help. You should drink plenty of fluid. Some patients find drinks containing caffeine like tea, coffee and cola may help. Most women notice an improvement in their headache after a few days and feel able to manage.
- If the headache is severe, getting worse, or lasts more than a few days, you may be offered an epidural blood patch.
- There are other alternative treatments but none have been shown to be as effective as an epidural blood patch.

You can discuss this with the anaesthetist.

How an epidural blood patch is done

To do an epidural blood patch, an anaesthetist will insert a needle into the epidural space, in the same way as an epidural is given for pain relief. However, instead of an injection of local anaesthetic, a small amount of your own blood is taken from a vein in your arm and injected under sterile conditions. The blood will clot and plug the hole (a blood patch), stopping the CSF from leaking out. This helps to stop the headache.

It is normal to feel pressure or discomfort in your back and legs while the anaesthetist is injecting the blood into your epidural space. However, if it is painful, please tell the anaesthetist. He or she will stop, but may continue with the injection once the pain has settled. All discomfort should be gone before you are discharged home. The whole procedure will take about half an hour.

In about three quarters of people, a blood patch will take away the headache very quickly. In about one quarter of people a blood patch may initially help but the headache soon returns. If the headache returns, then it may be worth repeating the blood patch once more. In some people the blood patch may not help the headache and another blood patch may be needed.