

Patient information

GP INFORMATION

Headache following a spinal or epidural (Post dural puncture headache)

Post-dural puncture headache (PDPH)

Patients may present to you with severe headache during puerperium following a spinal or epidural anaesthesia for labour. Patients with PDPH usually complain of a throbbing or dull pain in a fronto-occipital distribution. But the headache can be generalized, and some may experience radiation of the pain into the interscapular region. The headache is typically postural, and it gets worse in an upright position but improves with lying down. Any movements that increase intracranial pressure (such as coughing, sneezing and straining) may exacerbate symptoms. Nausea or vomiting, visual disturbances, photophobia, and auditory changes, including tinnitus, are not uncommon. Some patients may have cranial nerve palsy inducing diplopia.

Etiology of PDPH

During spinal anaesthesia a dural puncture is intentionally performed, whereas with epidural analgesia it would be accidental. The leak of CSF as a consequence of dural puncture decreases the CSF pressure, and leads to a low pressure headache. The risk of this happening to anyone is around 1 in 200 mothers who have had an epidural / spinal anaesthesia.

Differential diagnosis of PDPH

Please be mindful that there may well be other important causes of headache such as:

- Dehydration
- Tension headache
- Migraine

- Benign intracranial hypertension
- Pre-eclampsia
- Meningitis
- Encephalitis
- Space occupying lesion
- Cerebral vein thrombosis
- Cerebral infarction
- Subdural haemorrhage
- Intracranial haemorrhage
- Subarachnoid haemorrhage
- Pneumocephalus

The above list is not exhaustive. **It is of utmost importance to perform a full neurological examination when assessing a patient and to carry out appropriate investigations including a CT Head or MRI if indicated.**

Treatment of PDPH

Most of these headaches will be mild in nature, lasting less than 24 hours. Bed rest and oral analgesia may be the only treatment a patient requires. Patients should be advised to drink plenty of fluid (some people find caffeine-containing drinks especially helpful) and avoid lifting heavy weights or straining. If these simple measures are not effective, a “blood patch” procedure may be offered by an anaesthetist. For 60% to 70% of patients, the blood patch will cure the headache within a few minutes to a few hours. A second blood patch may be required if the headache persists after 24 to 48 hours.

Contact us with any concerns

If a patient experiences worsening headache despite regular analgesics or if the symptoms reappear even after an initial epidural blood patch, or if she develops a temperature and feels unwell, please contact Ward F11 on 01284 713216 or the duty obstetric anaesthetist via WSH switch board for advice or referral.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

