

## Anaesthetic Department Patient Information

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# Information

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## Headache after an epidural or spinal anaesthetic



Headaches are common after childbirth (vaginal and assisted) however, after having an epidural or spinal anaesthetic there is a risk that you may have developed “post-dural puncture headache”.

### What is post-dural puncture headache?

This is a specific type of headache that tends to happen between one day and one week after either an epidural or spinal anaesthetic. The chance of women developing this headache following an epidural or spinal anaesthetic lies between 1 in 100 and 1 in 500 women.

The headache has many features, some or all of which you may experience:

- A severe headache felt at either the front or back of your head
- Improved by lying down, and made worse by sitting or standing up
- Changes in your hearing (a buzzing or rushing noise in the ears)
- Dislike of bright lights
- Neck pain
- Sickness

## What causes the headache?

The brain and spinal cord are surrounded by a fluid, which is held in place by a membrane called the dura.

A spinal anaesthetic intentionally punctures that membrane with a very fine needle in order to inject the local anaesthetic directly in to the fluid surrounding the brain. An epidural places a narrow tube just outside of the membrane.

Occasionally, the epidural needle or catheter can accidentally make a hole in the membrane. Either of these holes in the dura may cause a small amount of fluid to leak out, causing a drop in pressure around the brain, which causes the headache.

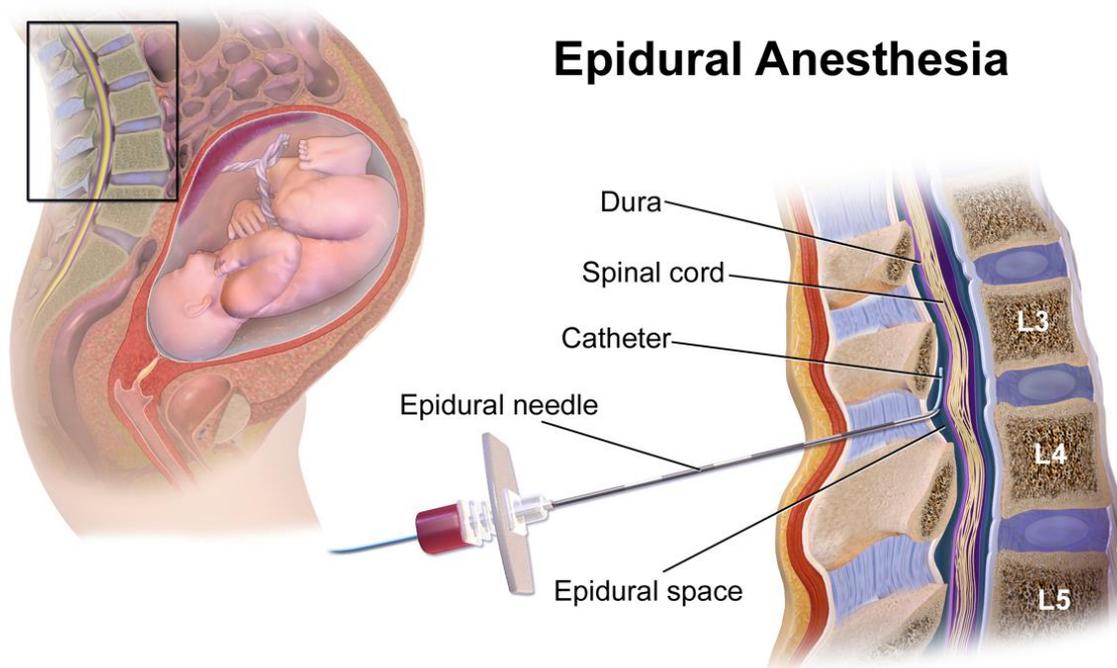
## What help will I get for my headache?

Simple advice like lying down, drinking plenty of water, taking simple pain relief medications (paracetamol and ibuprofen) and avoiding heavy lifting or straining can help. Some people have found benefit in drinking caffeinated drinks like tea, coffee or cola.

An anaesthetist will assess you and may advise you to take stronger pain relief, or laxatives to avoid straining when you go to the toilet (which can make the headache feel worse).

The headache usually gets better in a few days. If your headache persists, gets worse or is having an impact on you being able to care for your baby, your anaesthetist may offer you a treatment called an epidural blood patch.

You will be reviewed over the course of a few days – either in hospital or via the phone if you are keen to go home. It is important to continue to take regular painkillers and any other regular medication you normally take. You should inform the anaesthetist if you take any blood thinning medication or you feel unwell in any other way.



## **What is an epidural blood patch?**

This treatment is like having an epidural, but instead of having a local anaesthetic injected in to your epidural space, a small amount of your own blood is taken from a vein in your arm and injected in to the epidural space.

The needle is removed straight away and nothing else is left in your back. The blood will form a clot and plug the hole in the membrane. This stops the fluid leaking out and in 60-70% of cases resolve the headache within minutes to hours. After the epidural blood patch you will be asked to lie flat for a few hours.

If your headache does not resolve you may be offered a second epidural blood patch.

Once the anaesthetist is happy with you, they will usually encourage you to go home, and follow you up with a phone call to ensure the treatment has been successful.

## **Are there any complications from having an epidural blood patch?**

There may be bruising in the area of the epidural blood patch, which will settle after a few days. Between 1 in 100 and 1 in 500 women who have an epidural blood patch are at risk of having a second accidental hole being made in the membrane surrounding the brain. Very rarely complications such as bleeding, infection and nerve damage can occur. There is no evidence to suggest that epidural blood patches cause long term back problems.

If you have difficulty passing urine, develop severe back pain or altered feeling in your back or legs you should seek immediate medical help.

## **What are the risks of not having an epidural blood patch if it is recommended?**

Very rarely, women can develop serious complications if their headache is left untreated. The fluid surrounding the brain provides a protective cushion for the brain, and when the fluid leaks the brain is at risk of bleeding. However, this is a very rare complication.

Your anaesthetist is very experienced in managing this headache and will explain more about this very rare complication in detail.

## **Other headaches**

There are other causes for headaches after childbirth, so it is important that all severe or persistent headaches are reported to a member of the midwifery or obstetric team if you become drowsy, confused or start vomiting, you should seek immediate medical help.

## **Further questions**

We hope this leaflet has been useful in answering your questions about your headache, but if you require more information or have other questions, your anaesthetist will be able to discuss these in more detail with you.