

Post Dural Puncture Headache Management

This leaflet aims to give you general information about the headache that may develop as a consequence of a dural tear during your spinal cord stimulator (SCS) implant surgery. This type of specific headache is called a post-dural puncture headache (PDPH).

This headache characteristically develops within the first few days following a dural tear. It is often described as a severe headache and is typically worse on sitting, standing or bending forward and usually feels much better on lying down flat. The headache can also sometimes be accompanied by neck pain, nausea and a dislike of bright lights.

What causes the headache?

The brain and spinal cord are surrounded by a fluid filled sac called the dura. The post-dural puncture headache can occur following a needle entering this sac causing a small hole. This causes fluid to leak out and it's thought this leads to a drop in pressure of the fluid around the brain, resulting in headache.

How can I get rid of the headache?

Usually people recover from a post-dural puncture headache within a few days to a few weeks and have no further problems. The headache will normally respond to conservative measures which includes taking the following steps:



What is an epidural blood patch?

Should conservative management fail then you may be offered an epidural blood patch. This is similar to an epidural injection and involves blood being taken from a vein in your arm and injected into the epidural space. You will be asked to lie down for a few hours after the blood patch to allow the clot to form in the correct place. You may also be asked to avoid lifting anything heavy for at least two days. The blood will clot and seal the leak of fluid which will in turn help to stop the headache.

The majority of patients will feel relief within a few minutes to a few hours following the blood patch being performed but about one in five (20%) of patients may require the procedure to be repeated.

Following a blood patch you must contact the Neuromodulation team immediately if you develop any of the following:

- Severe back pain
- A high temperature
- Worsening headache with neck stiffness
- Leg weakness

- Incontinence of urine or faeces.

Are there any alternatives?

The only alternative is to continue with the conservative management mentioned earlier in this leaflet.

If you have any concerns you can either email the Neuromodulation nurse at Neuromodulation@stgeorges.nhs.uk or you can leave a voice message on **020 8725 2332** (Please note this is just an answer phone service).

Contact us

If you are unsure or need further advice please contact the Chronic Pain Service, in office hours (Monday to Friday 9am to 5pm hours) by phoning **St George's Hospital** on **020 8266 6577** and asking them to bleep the SCS pain nurse who will then call you back.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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