Help with this leaflet:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

The Rosie Hospital
Patient Information

Headache after an epidural or spinal anaesthetic

Document history
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There are alternative treatments but none has been shown to be as effective as an epidural blood patch. You can discuss this with your anaesthetist.

For their labour or delivery women may have an epidural or a spinal procedure. Occasionally, a headache may develop following the procedure.

This leaflet explains the causes, symptoms and treatment of the headache.

Your anaesthetist will be happy to discuss this in greater detail and to answer any questions that you have.

This leaflet describes a special type of headache that can occur after having an epidural or a spinal anaesthetic. You have been given this leaflet either because you already have a headache or because we believe you are at higher risk of developing one.

**What is special about the headache?**

Headaches can be common after childbirth. However, after having an epidural or spinal, you have a 1 in 100 chance of developing a ‘post dural puncture’ headache.

This typically occurs between one day and one week after having an epidural. It is usually a severe headache (felt at the front or back of your head) which gets better when lying down and worse on sitting or standing. Along with the headache you may experience neck pain, sickness, changes in your hearing, and a dislike of bright lights.

‘...it was like the worst hangover in the world…’

If you have a spinal anaesthetic, the headache tends to be less severe

**What causes the headache?**

Your brain and spinal cord are contained in 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 (1 in 100) patients, the needle passes through the dura accidentally.

When a spinal is given, a very fine needle is inserted through the dura deliberately to inject local anaesthetic into the CSF.
If too much fluid leaks out through the hole in the dura, the pressure in the rest of the fluid is reduced. If you sit up, the pressure around your brain is reduced even more. This decreased pressure can cause the symptoms typical of a post dural puncture headache.

Some patients describe it as like a very bad migraine which is made worse when sitting or standing up.

What can be done about the headache?

The hole in the dura will usually mend itself in a number of weeks but it can take longer.

Lying flat and taking simple pain relieving drugs (such as paracetamol and dihydrocodeine) may help. You should drink plenty of fluid (some people find tea or coffee especially helpful) and avoid lifting and straining.

A severe post dural puncture headache will often need to be treated by an ‘epidural blood patch’.

Being given a blood patch is like having an epidural and takes about half an hour. The anaesthetist will take some blood from a vein in your arm and inject it into your back near the hole in the dura where it will clot. This will tend to plug the hole and help the hole to heal.

A blood patch will usually cure the headache within 24 hours. After this period, if you still have a headache, it may be worth repeating the blood patch once more. 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 two hours and do not lift anything heavy for at least two days.

You may need someone at home with you to help you with your daily activities.

What problems are associated with a blood patch?

There is a chance that another accidental dural puncture could occur.

A blood patch may not cure your headache. In about 60 – 70% of patients, a blood patch will take away the headache very quickly.

In the others, although a blood patch may help initially, the headache soon returns.

‘...when it finally worked, the blood patch was wonderful…’

A blood patch may cause local bruising and backache which lasts for a few days. Epidurals do not cause chronic long-term backache.

‘...I was back to normal very quickly, but my back was stiff for quite a while…’

Infection or bleeding into your back are very rare complications of epidurals, spinals and blood patches.

Difficulty passing urine, loss of sensation or movement in your legs, or severe pain in your back is not normal. If any of these occur, or if the headache suddenly becomes much worse, you should contact the Duty Obstetric Anaesthetist urgently via the Maternity Assessment Unit on 01223 217217.