

Your notes:

Contact details:

Lister Hospital

Coreys Mill Lane

Stevenage

Hertfordshire SG1 4AB

Telephone: 01438 314333 (main switchboard)

Labour Ward: Extension 5630

www.enherts-tr.nhs.uk

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information in a
different format or
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Date of publication: November 2013

Author: M. Henein

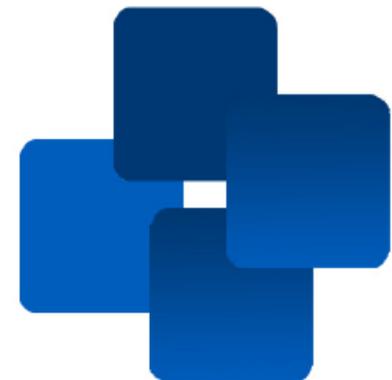
Reference: INF Version: 02 (Sept 2016)

Review Date: September 2019

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Patient Information

Epidural Blood Patch



Epidural blood patch (EBP) is a procedure used for treating the headache that sometimes occurs if the dura (a membrane lining the spinal cord) is accidentally punctured when having an epidural or, less likely, if the hole in the membrane is caused by a spinal needle when having a spinal block.

This form of treatment is mainly used if conservative measures, such as simple pain killers fail to cure the headache, if the headache is severe enough to stop you coping with your normal daily tasks, or if it is not going away on its own.

The procedure involves you having another epidural while lying on your side, and injecting 20-30ml of your blood (by the anaesthetist) into your epidural space. The blood clot which is formed is believed to seal off the hole in the dura, stopping further leakage of the fluid surrounding your spinal cord (known as the CSF) and thus treating the cause of the headache.

The success rate of the first EBP is 70 - 90%. This means that in 10 - 30% of the cases it will not cure the headache. If this happens, or if the headache recurs after initially disappearing, you normally will be offered a second EBP which has a success rate of up to 97%.

During the procedure you may experience pain in your back, or abnormal sensations down your legs, when the anaesthetist is injecting blood into your epidural space. If this happens, you should ask the anaesthetist to temporarily stop injecting until these sensations are gone.

Potential complications of EBP include having another accidental dural puncture, nerve damage which can be temporary (1:1000) or permanent (1:13000), and back pain which occurs in about 16% of cases and may last from few days up to 3 months. Infection is a rare but possible complication.

Immediately after the procedure you will be taken to the recovery area where you will be asked to stay still in your bed for two hours. Thereafter, you will be moved to the ward where you will start mobilising slowly.

After you are discharged from the hospital, you will be contacted the next day by the anaesthetist for a telephone review of your case. If you have any concerns, please let him/her know.

When at home, you should, as possible, avoid straining, excessive bending, or lifting heavy objects for at least two days as this may cause the headache to recur. If this happens, you should contact the labour ward by ringing the Lister Hospital and dialling extension 5630. If deemed necessary, you will be asked to come back to the labour ward during the day to be reviewed by the anaesthetist when possible. You should also immediately do so if you experience increasing pain in your back especially if associated with weakness or abnormal sensations in one or both legs, if you have difficulty starting or stopping a stream of urine, or difficulty passing or controlling stools.