Headache after an epidural or spinal anaesthetic

An information guide
Headache after an epidural or spinal anaesthetic

This leaflet describes a special type of headache that can occur after having an epidural or spinal anaesthetic. It also explains the causes, symptoms and treatment of the headache.

Many people have epidural or spinal anaesthetics for surgery. Occasionally, a headache may develop following the procedure.

What is special about the headache?
Headaches after surgery or childbirth are common. However, after having an epidural, you may develop a ‘post dural puncture’ headache. The chance of this is about 1 in 200, but depends on your age, the procedure and other circumstances. It 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). This gets better when lying down and worse on sitting or standing. Along with the headache you may experience neck pain, sickness 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 (it depends on the size of the needle used).

Young patients and women during childbirth are especially likely to have post dural puncture headaches.
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. Occasionally the needle passes through the dura: the chances of this happening depend on the experience of the anaesthetist and certain patient related circumstances. You can discuss this with your anaesthetist.
When a spinal is given, a fine needle is inserted into 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 ibuprofen) 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 your blood and inject it near the hole in the dura where it will clot. This will tend to plug the hole.
In 60% to 70% of people who have this kind of headache, the blood patch will cure the headache within 24 hours. After this, if you still have a headache you may be advised to have a second blood patch.
It is very rare to need more than two blood patches. In some people the headache goes away but then returns. A second blood patch may then help. Your anaesthetist will discuss this with you. After a blood patch, we recommend that you lie flat in bed for 4 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…’

Difficulty passing urine, severe pain or loss of sensation in your back or legs are not normal and you should contact your anaesthetist or doctor immediately.
Infection or bleeding into your back are very rare complications of epidurals, spinals and blood patches. 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.
Your anaesthetist will be happy to discuss this in greater detail and to answer any questions that you have.

For more information and help please contact the anaesthetic department in your local hospital.

Booklets produced in the same series by the Royal College of Anaesthetists and Association of Anaesthetists are available at www.youranaesthetic.info. They include:

- Epidurals for pain relief after surgery
- Your spinal anaesthetic

References
For further information on the references used in this leaflet please visit www.pat.nhs.uk
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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