

Postpuncture headache

Postpuncture headache is a **serious complication of neuraxial anesthesia**. Occurs **within 24 hours of vaginal delivery or caesarean section** .

Cause of origin

This is the result of **perforation of the dura mater** and subsequent **leakage of cerebrospinal fluid into the epidural space**. It is mostly associated with epidural puncture, but can also occur with spinal anesthesia. Cerebrospinal fluid hypotension, reflex vasodilatation and aseptic irritation of nerve structures occur.

Symptoms

- **Headache** - most often within 24 to 96 hours after the puncture, in the frontal or occipital part, worsening of pain during verticalization,
- nausea to vomiting,
- hearing impairment
- vision impairment
- pseudomeningism.

Follow-up in post-puncture headache

1. In case of accidental perforation, it is necessary to leave the epidural catheter in situ for 24 hours - it works as a plug and reduces the leakage of cerebrospinal fluid into the epidural space.
2. If postpuncture headache is suspected, we must **inform the doctor** and the woman and then proceed according to the doctor's office.

Types of therapy for postpuncture headache

Conservative therapy

- **Sufficient supply of fluids** - watch out for hyperhydration!!,
- bed rest,
- supportive psychotherapy.

Analgesia

- Paracetamol,
- nonsteroidal antiphlogistics- diclofenac spp.,
- metylxanthiny- kofein,
- triptany.

If conservative therapy and analgesia do not help and it lasts **longer than 24 hours**, we can resort to **the application of a blood clot** according to the doctor's office ..

Blood clot

Conditions

- Orientation neurological examination,
- exclusion of etiological headache,
- signed informed consent together with an informed and cooperating patient,
- a sufficient distance from the low-molecular-weight heparin applied most often after childbirth.

Execution

Only an experienced anesthesiologist applies the blood plug ..

Method

1. Strictly sterile conditions,
2. side position
3. the blood plug is best applied at the site of the previous puncture,
4. after inserting the needle into the epidural space, a test for the presence of cerebrospinal fluid is performed using 2% lidocaine,
5. sterile collection of 10-20 ml of autologous blood and slow application into the epidural space,

6. check by an anesthetist,
7. discharge from the hospital is recommended only in the next 24 hours.

Links

Related articles

- Six weeks
- Birth
- Epidural anesthesia in obstetrics

References

- ▪ PAŘÍZEK, Antonín, a kolektiv. *Kritické stavy v porodnictví*. 1. vydání vydání. Praha. 2012. 285 s. ISBN 978-80-7262-949-7.