

Management of Post Dural Puncture Headache in a Maternity Unit: Retrospective Review and New Guideline

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I. Introduction

Obstetric patients are at particular risk of post dural puncture headache (PDPH) due to their gender, age and the widespread use of neuraxial anaesthesia in this population. We reviewed the management of PDPH in our maternity unit with emphasis on treatment and patient follow up.

II. Methods

We retrieved clinical information about all PDPHs and epidural blood patches (EBP) between 2005 and 2014 from obstetric anaesthesia records and patient notes available at Dept. of Anaesthesia, Hi-Tech Medical College and Hospital, Bhubaneswar

III. Results

Seventeen patient notes were accessed from 35 recorded cases of PDPH. Twelve cases followed an epidural and five followed a spinal. Twelve patients were successfully treated with an EBP although two had a recurrent dural puncture and one was readmitted with a recurrent headache. Three out the five patients managed conservatively had symptom resolution at the time of discharge. No means of follow up were documented for 14 patients (82%).

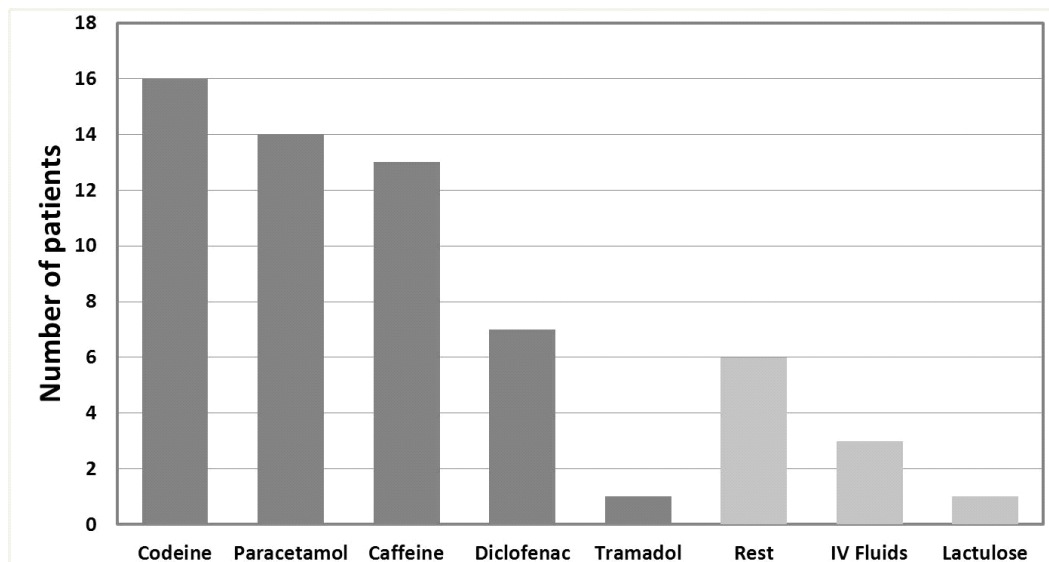


Figure: Treatment prescribed for patients with PDPH

IV. Discussion

Many treatments in current use have a limited evidence base. Thirteen patients (76%) received caffeine, which is more effective than placebo in treating PDPH. 35% of patients were advised to have bed rest and 18% were prescribed additional IV fluids however a recent Cochrane review found no evidence of benefit from either strategy. All 12 patients who underwent therapeutic EBP experienced improvement and this treatment is known to be more effective than conservative management. This review demonstrated inadequate follow up of patients who have a PDPH despite the risk of serious morbidity and even death. Therefore a new local guideline have been devised for PDPH management including a patient information leaflet, daily inpatient review by a senior anaesthetic trainee and a telephone follow-up by a consultant anaesthetist 4 -6 weeks post discharge.

References

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