

Epidural blood patch and aftercare (excluding maternity)

Introduction

This leaflet gives you information about having an epidural blood patch. It also explains why you need the procedure and how to contact us about your progress.

Why do I need an epidural blood patch?

An epidural blood patch may be recommended if you have symptoms caused by low pressure in your head.

Typically, these are headaches but can involve various other symptoms which may change over time.

Cerebrospinal fluid (CSF) circulates around your brain and down your spine. The low pressure may be caused by a leak of CSF somewhere in your spine.

What is an epidural blood patch?

An epidural blood patch is a surgical procedure that uses the patient's own blood to close one or more holes in the spine causing CSF to leak.

The leak may have happened on its own (spontaneously) or as a result of physical trauma, surgery on your spine, after an injection into your back such as a lumbar puncture (LP) or an epidural or spinal anaesthetic.

The aim of the blood patch is to seal the hole where the CSF may be leaking out.

Before the procedure

The procedure will be carried out under local anaesthetic. This means that you will be awake throughout.

You can eat and drink normally before the procedure as it is important to stay well hydrated.

Reference No.

GHPI1868_08_24

Department

Anaesthesia

Review due

August 2027

Patient Information

What will happen during the procedure

A needle will be inserted into the epidural space in your back, under local anaesthetic. Blood will then be taken from your arm and injected into the epidural space.

You will either be sitting or lying on your side during the procedure.

How long will the procedure take?

The procedure will take place in a clean environment such as a room in the operating theatre complex. It usually takes 20 to 40 minutes but can be longer if either finding the epidural space or taking the blood is difficult.

What will happen after the procedure?

People commonly experience a headache, backache or other symptoms after an epidural blood patch. These usually settle quickly.

You will be asked to remain in the department after the procedure. For the first hour you will be advised to lie flat. After this hour, you will usually be able to go home.

You should arrange for someone to collect you as **you will not be able to drive yourself home.**

Symptoms to expect following the blood patch

In the days following the procedure you may have:

- mild discomfort or bruising around the site where you had the blood patch. This is expected and should settle within days.
- an increase in your previous symptoms, or some new or different symptoms. These can include headache, pain in a different area or tightness around your chest or abdomen. These should get better within a few days.

**Patient
Information**

Possible complications

Serious complications are very rare. You must attend the Emergency Department **urgently** if you experience:

- any worsening limb weakness
- a new loss of bladder or bowel control

The following symptoms will need assessment by a medical professional. If you cannot easily contact an anaesthetist (see 'Contact information' at the end of this leaflet), you should contact either your GP or NHS 111 or attend the Emergency Department:

- new severe back or leg pain
- abnormal sensation in your legs
- abnormal sensation in the perineum (area between your legs)
- urinary retention (unable to pass urine)
- nausea and vomiting or fever

In the rare event that you need to seek the help of your GP or the Emergency Department, please take your discharge paperwork with you for their information.

Getting the most from your blood patch

Once you are home, we recommend that you aim to lie flat for as long as possible for 1 to 3 days following the procedure.

To help the blood patch work and to prevent the CSF leak recurring, you should minimise the following for the first 4 to 6 weeks:

- Bending, straining, stretching, twisting, closed-mouth coughing, sneezing, heavy lifting, strenuous exercise and constipation.

If the blood patch has improved your symptoms, we would advise you to use the opportunity to gradually increase your activity. This is the most important part of managing your symptoms in the longer term.

**Patient
Information**

Follow-up

The anaesthetist (or other healthcare professional) who performed the procedure will contact you by telephone at home within 1 to 3 days after discharge from the hospital. They will be interested to know about any new symptoms or change in your pre-existing symptoms.

The next step in your treatment will be discussed with you according to your response to the blood patch. This may be a telephone follow-up call or at an outpatient appointment.

Contact information

You may wish to **talk to an anaesthetist for advice** relating to the epidural blood patch. Please use the following telephone numbers:

Anaesthetic Office (Cheltenham or Gloucester)

Tel: 0300 422 4143

Tel: 0300 422 6194

Monday to Friday, 8:00am to 4:00pm

Out of hours (if urgent) contact:

Gloucestershire Hospitals Switchboard

Tel: 0300 422 2222

When prompted, ask for the operator. You should then ask the operator to put you through to the '3rd on-call anaesthetist'.

If you are unable to speak to an anaesthetist, please contact your GP.

Out of normal working hours you should contact NHS 111 for advice.

Content reviewed: August 2024

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>