

Epidural Blood Patch

Q1 What is an epidural blood patch?

An epidural blood patch is an injection of your blood into the epidural space. The epidural space is not an injection into the spinal cord itself. The spinal cord and spinal nerves are in a "sack" containing clear fluid (cerebrospinal fluid). The area outside this "sack" is called the epidural space.

Q2 Why is it done?

There are certain conditions under which patients will have had injections in the spinal column. Examples include an epidural during labour, a diagnostic spinal tap, a therapeutic spinal injection, etc. A small number of patients will experience a severe headache after the procedure, usually worse with standing and better when lying down. This is due to a persistent leak of spinal fluid into the epidural space. Although the headache itself is harmless, it can be very severe and very debilitating.

Your doctor may ask you to come to our clinic for an "epidural blood patch". The injection of a freshly drawn sample of your own blood into the epidural space "plugs the leak" and the headache goes away.

Q3 How long does it take to do?

The actual injection takes only a few minutes. Please allow about an hour and a half for the procedure; this will include talking to your doctor before the procedure, signing the informed consent, positioning in the room, and observation by the recovery room nurse afterwards.

Q4 Will it hurt?

All of our procedures begin by injecting a small amount of local anaesthetic through a very small needle. It feels like a little pinch and then a slight burning as the local anaesthetic starts numbing the skin. After the skin is numb, the procedure needle feels like a bit of pressure at the injection site. If you experience any pain during the procedure, your doctor will inject more local anaesthetic as needed.

Q5 Will I be "put out" for this procedure?

No. This procedure is done under local anaesthesia.

Q6 How is it done?

It is typically done with you lying on your side but may be done lying on your stomach or sitting. Your blood pressure and oxygen levels will be monitored. In addition to your doctor and the x-ray technician, there will be a nurse in the room at all times if you have any questions or discomfort during the procedure. The skin in the back is cleaned with antiseptic solution. Local anaesthetic is injected to numb your skin. A separate area where a good vein is available is also cleaned with antiseptic solution. A small intravenous catheter is placed in the vein. After your doctor has placed the epidural needle near the affected area, your nurse will draw about 25 mL of blood from your vein and give it to the doctor. The doctor will then gradually inject the blood until you feel severe pressure in the back. Typically, about 15-25 mL are injected. Except for your own blood, nothing else is injected.

Q7 What should I expect after the injection?

Immediately after the injection, you may feel pressure in the back. This is due to the effect of the blood in the epidural space. After resting for about 30 minutes, you will be asked to stand

up. Typically, most patients experience significant relief immediately. After a few hours, your body will have had a chance to replenish the lost spinal fluid and your headache should continue to get better.

Q8 What should I do after the procedure?

We advise patients to take it easy for a day or so after the procedure. You should stay flat in bed for the first day although bathroom visits are permitted. Your recovery room nurse will advise you about your activities after going home.

Q9 Can I go back to work the same day or the next day?

You should not go back to work the same day. By the next day, most patients will be able to although you might need an extra day to recover.

Q10 How long does it last?

The epidural blood patch is permanent. After the injection of your blood, the body's own healing system should take over and finish repairing the spinal fluid leak. A small number of patients (usually less than 10%) may need to have a second blood patch.

Q11 What are the risks and side effects?

Overall, this procedure has very few risks. However, as with any procedure, there are some risks and side-effects you should know about. Commonly encountered side effects are increased pain from the injection (usually temporary), inadvertent puncture of the "sack" containing spinal fluid (may not relieve your headaches), infection, bleeding, nerve damage, or no relief from your headache.

Q12 Who should not have this injection?

The following patients should not have this injection: if you are allergic to any of the medications to be injected, if you are on a blood-thinning medication (e.g. anticoagulant such as Coumadin, injectable heparin), or if you have an active infection going on.

PREPARATION

- Ladies if you may be pregnant, please tell your doctor.
- If you are unwell or have infection in the area please let the office or Doctor know ASAP and the procedure will be rescheduled.
- Please have nothing to eat for 4 hours and nothing to drink for 2 hours before the injection.
- Come about an hour before the procedure and plan to spend upto 4-5 hours in hospital.
- Please take your normal medications with a sip of water (except blood thinners (aspirin is ok), diabetics on tablets or insulin - please ask for specific instructions).

DISCHARGE INSTRUCTIONS:

1. Rest in bed for 2 hours, avoid straining or heavy lifting for several days
2. Report fevers >38°C, unexpected redness or severe pain, new numbness or weakness.
3. Apply ice to painful areas for 24 to 48 hours.
4. **Do not** drive a car, operate machinery, drink alcohol or make important decisions today.
5. Please make a review appointment in 2 weeks.