

Patient information

Maternity

Headache after an epidural or spinal injection

Headache is rare but important after epidural or spinal injections. This leaflet explains about the causes and available treatments.

A member of the anaesthetic team will visit you on your first day after your epidural or spinal injection. This is to ensure that you are well after your anaesthetic procedure and to check for rare complications including severe headache. You can discuss any concerns you may have with your anaesthetist at any time.

How common is this headache?

The headache is called a PDPH (post-dural puncture headache).

<p>After an epidural injection, there is about a 1 in 100 chance that you will get a PDPH.</p>	<p>After a spinal injection, there is about a 1 in 500 chance that you will get a PDPH.</p>
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What causes the headache?

The brain and spinal cord are surrounded by a fluid-filled sac or membrane. The fluid is called CSF (cerebrospinal fluid) and the membrane is called the dura. The dura may be punctured accidentally for an epidural, or deliberately (with a much smaller needle) for a spinal injection. Fluid may leak from the puncture in the dura.

This fluid normally acts like a shock absorber for the brain. If too much fluid leaks through the hole in the dura, the pressure in the rest of the fluid and around the brain can fall and the membranes can stretch. This low pressure can lead to a typical post-dural puncture headache.

What is the headache like?

Headaches after surgery or childbirth are common. However, there are some special features about PDPH (post-dural puncture headache) that



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tell us what the cause of your headache might be. The one feature that is always found is the worsening with sitting or standing up. The other features can be variable.

- It will usually start on the day after your epidural or 1-3 days after your spinal.
- It is usually severe and felt at the front or back of your head.
- It is worse on sitting or standing up, and better on lying down.
- There may also be neck pain.
- Your hearing might be affected.
- Bright light may be uncomfortable – you may prefer a dark room.
- It will be difficult to walk around as the headache gets much worse when you stand up.

What is the treatment for the headache?

Taking simple pain-relieving drugs (such as paracetamol and ibuprofen) may be the only treatment you need for less severe headaches. Bed rest and lying flat will also help. However, too much bed rest is not recommended as it will increase your risk of developing blood clots.

You should drink plenty of fluid and avoid lifting and straining. Some people find drinking caffeinated drinks, such as tea or coffee, helpful.

The headache may get better by itself after a few days as the hole in the dura seals up. However, this may take a number of weeks and it is not usually advisable to wait for this to happen. Rarely, further complications can occur due to the continuing leak, and through not moving around. Your anaesthetist can explain more about this.

If the headache is severe and not getting better, your anaesthetist can treat the headache with an 'epidural blood patch'.

Please contact Labour ward triage urgently in the unlikely event that you develop any of the following:

- **Severe back pain.**
- **A high temperature.**
- **Worsening headache with stiff neck.**
- **Leg weakness or not feeling normal.**
- **Difficulty weeing (passing urine).**
- **Unable to control toileting body functions (incontinence of urine or stool).**

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What is an epidural blood patch?

An epidural blood patch is very similar to an epidural injection. It is usually carried out in one of the rooms on labour ward and takes around 30 minutes. It is most effective if carried out 48 hours or more after the dural puncture has happened, but we will do a blood patch sooner if you wish – it is just more likely that we may have to do another one a couple of days later.

The anaesthetist will take some of your blood from a vein in your arm and inject it into your back through an epidural needle close to the leak. The blood will push some fluid back into the head, and clot and seal the leak, to help stop the headache.

The headache is likely to stop immediately. Complete or partial relief of the headache is seen in 50-80% of women, and it is possible that the headache will return. If you only have partial relief or no relief at all, you may be offered a second blood patch. You will be able to discuss this with your anaesthetist. It is very rare for you to need more than two epidural blood patches.

What are the side effects of an epidural blood patch?

- About 1 in 5 blood patches don't stop the headache completely and it might return, so you might need another blood patch.
- There may be pain when the blood is injected into your back.
- About 4 in 5 women experience a dull back pain at 24 hours. This can sometimes continue for a few days or even, rarely, a few weeks.
- There is a small chance (less than 1%) of another accidental dural puncture.
- Infection, nerve damage or bleeding into your back or other rare complications.

It is important to know that neither epidurals nor blood patches cause chronic long-term backache.

Further care

Your anaesthetist will contact you daily for the first few days after your epidural blood patch to make sure that you are feeling well. We'll need your telephone number for this.

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More information

For more information about post-dural puncture headache or epidural blood patches, you can ask to speak to your anaesthetist.

As well as this leaflet, there is good general material on the <https://www.LabourPains.org> website. We recommend that you go to look at this website – go directly or use the QR code on the right.



There is some quite detailed information about PDPH on the web site of the Obstetric Anaesthetists Association, with an evidence summary done in 2019: <https://bit.ly/OAA-PDPH>

If you need anything else, please contact us and speak to a midwife. You can also ask for the anaesthetist.

Labour ward triage (24 hours): 024 7696 7333

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