

Appendix 1

Post Dural Puncture Headache Guidelines (PDPH) Conservative Strategy Prior to Considering Blood Patch

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Conservative measures for first 24-48 hours are considered initial strategy as 85% of PDPH resolves with conservative treatment. Observational studies report that an epidural blood patch within 24-48 hour of dural puncture is less effective.

1. Conservative care for 72 hours

- If CSF flow is visible, surgical closure is required. Consider epidural patch in OR (exclude intrathecal flow of blood which causes arachnoiditis) if leaking 24 hours after a surgical closure
- Bedrest, supine completely for at least 24 hours, is the most important thing
- Fluids
- Occipital nerve block (palpation is fine)
- Sphenopalatine ganglion block (intranasal lidocaine)
- Analgesics
 - Tylenol/NAID/Norco/Percocet
 - Gabapentin 600 mg TID
 - Theophylline PO 250-300 mg BID-TID **OR**
Aminophylline IV 250 mg BID-TID **OR**
Caffeine (IV 500mg versus oral)
- Abdominal Binder

2. Perform bedside blood patch if

- Conservative care as outline above has failed
- Patient was not a difficult procedure
- Strong preference for performing blood patch on C1 and not ED for space, equipment and sterility reasons

3. Perform blood patch in OR if:

- Patient was a difficult procedure in previous LPs or blood patches
- Failed bedside patch
- History of spine surgery
- History of lumbar drain pull with visible CSF flow (exclude intrathecal flow of blood which causes arachnoiditis)
- Thoracic or cervical placement of patch

References

- Basurto, OX, Osorio D, et al. Drug therapy for treating post-dural puncture headache. Cochrane Database Syst Rev. 2015 Jul 15;(7):CD007887.
- Mahmoud, A., Mansour, A., et al. Addition of Neostigmine and Atropine to Conventional Management of Postdural Puncture Headache: A Randomized Controlled Trial. Anesth Analg. 2018;127(6):1434-1439.
- Wu, C., Lain, Y., et al. A Multicenter Clinical Study on Treating Post-Dural Puncture Headache with an Intravenous Injection of Aminophylline. Pain Physician. 2016 Jul;19(5):E761-5.