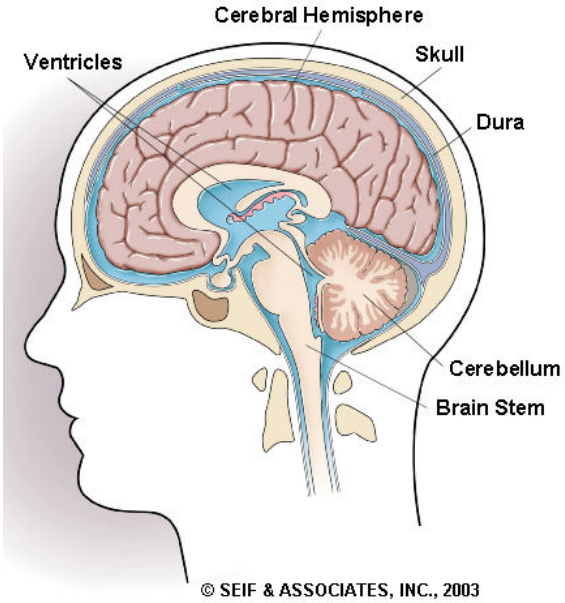
Spinal Headache
(Conservative Treatment)

Sometimes following a spinal tap *(lumbar puncture*) or an *epidural*, there may be CSF (cerebrospinal fluid) leakage through a hole in the dura. The dura is one of the protective membranes covering the brain and spinal cord. This leakage produces low CSF pressure. Pressure on the pain sensitive structures in the brain and relaxation (*dilating*) of the vessels in the head when the patient is upright is thought to cause headaches. The headache usually lasts until the hole heals and CSF pressure is restored. This can last a few days and rarely more than one week.



THERAPEUTIC ALTERNATIVES TO EPIDURAL BLOOD PATCHING INCLUDE:

- **Bedrest:** The symptoms of PDPH are lessened by lying down on your back. Lying on your back for a period of time (such as 24 hours) after a dural puncture has no preventative effect. It only delays the start of the PDPH.
- **Hydration:** Normal taking in fluids (*hydration*) should be maintained. Extra hydration does not alleviate the headache, but dehydration may make symptoms worse.
- **Analgesics:** Narcotic analgesics and, in some instances, non-steroidal anti-inflammatory agents are often given for treatment of the headache pain.
- **Caffeine:** Caffeine intake is a therapy to help shrink the cerebral vessels. Patients should have caffeine early in the day so that he/she can sleep at night. 500 mg of Caffeine sodium benzoate can be given in the vein (*intravenously*). It can be given once two hours later if the first dose does not have the desired effect. Caffeinated beverages (colas, tea, coffee) can be somewhat effective also.
- **Epidural Saline Injection:** Large-volume shots (*boluses*) or infusion of epidural normal saline can help to quickly and temporarily increase the epidural pressure. The infusions slow the speed at which CSF leaks through the dural hole. This may speed the natural healing process. Although epidural saline can be a useful technique, epidural blood patches often have a higher success rate.

SEEK IMMEDIATE MEDICAL ATTENTION IF:

- You do not get relief from the medications given to you or your pain becomes severe.
- You have an unexplained oral temperature above 102° F (38.9° C), or as your caregiver suggests.
- You have a stiff neck.
- You lose bowel or bladder control.
- You develop severe symptoms different from your first symptoms.
- You have trouble walking.

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