

Did the introduction of a post-natal anaesthesia clinic improve follow up and GP communication in patients who develop a post dural puncture headache?

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Background

- Ockenden Report 2022
- OAA guidance on PDPH 2018
- MBRRACE – UK 2014

All recommend patient follow up and GP notification when PDPH occurs

- Initial audit completed in 2020-2021 based on the above guidelines

Aims

To assess the impact of the introduction of a post-natal anaesthesia clinic (PoPAC) on patient follow-up and GP communication following post dural puncture headache of patients who develop a (PDPH)

Methods

- Patients who were offered appointments at the clinic since establishment in November 2022 until December 2023 were screened.
- Patients with a PDPH were included
- Patients who attended on multiple occasions were only assessed once.
- An electronic chart review occurred to determine if follow-up occurred and if they were sent a GP letter

	Initial audit	Re-audit
Total PDPH	89 patients	63 patients
<i>Epidural</i>	49	32
<i>CSE</i>	12	9
<i>Spinal</i>	28	22
EBP	50 (56%)	26 (41%)
GP letter	59 (67%)	63 (100%)
Follow up	66 (73%)	55 (87%)

Results

- 63 patients were offered an appointment at the PoPAC due to PDPH; 62 were TeleMed appointments, 1 was an in-person consultation.
- Post the PoPAC 55 (87%) were assessed in clinic, 8 patients were uncontactable and thus marked as “did not attend”
- All patients received a GP letter (n=63;100%)
- Initial audit from 2020-2021 showed 66 patients (73%) were followed up after developing a PDPH, with 59 (67%) receiving a GP letter
- Chi-square analysis showed (p=0.04) for patient follow up and (p= 0.0001) for GP communication

Discussion

- The introduction of a dedicated post-natal clinic versus ad-hoc communication with patients has improved both follow up of patients and GP communication.
- Given that there are multiple guidelines that recommend these standards – this audit has highlighted that the introduction of a post natal clinic ensures these standards are met.