

The Good, the bad and the headaches: a 1-year audit of time to anaesthetic follow up and time to presentation for severe Post-Dural Puncture Headache.

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Introduction:

Post Dural Puncture Headache (PDPH) is an important complication of obstetric anaesthesia. PDPH impairs mother-baby interaction, reduces mobility and has been associated with death¹. The Ockenden report mandates that anaesthetic follow-up must be available². Epidural blood patch (EBP) is an effective treatment for PDPH, with optimal time to performing being established as >48 hours following initial procedure. Optimal time to anaesthetic follow up after neuraxial procedures is not established. A trend of severe PDPHs that were “missed” at initial anaesthetic follow up prompted this 1-year audit.

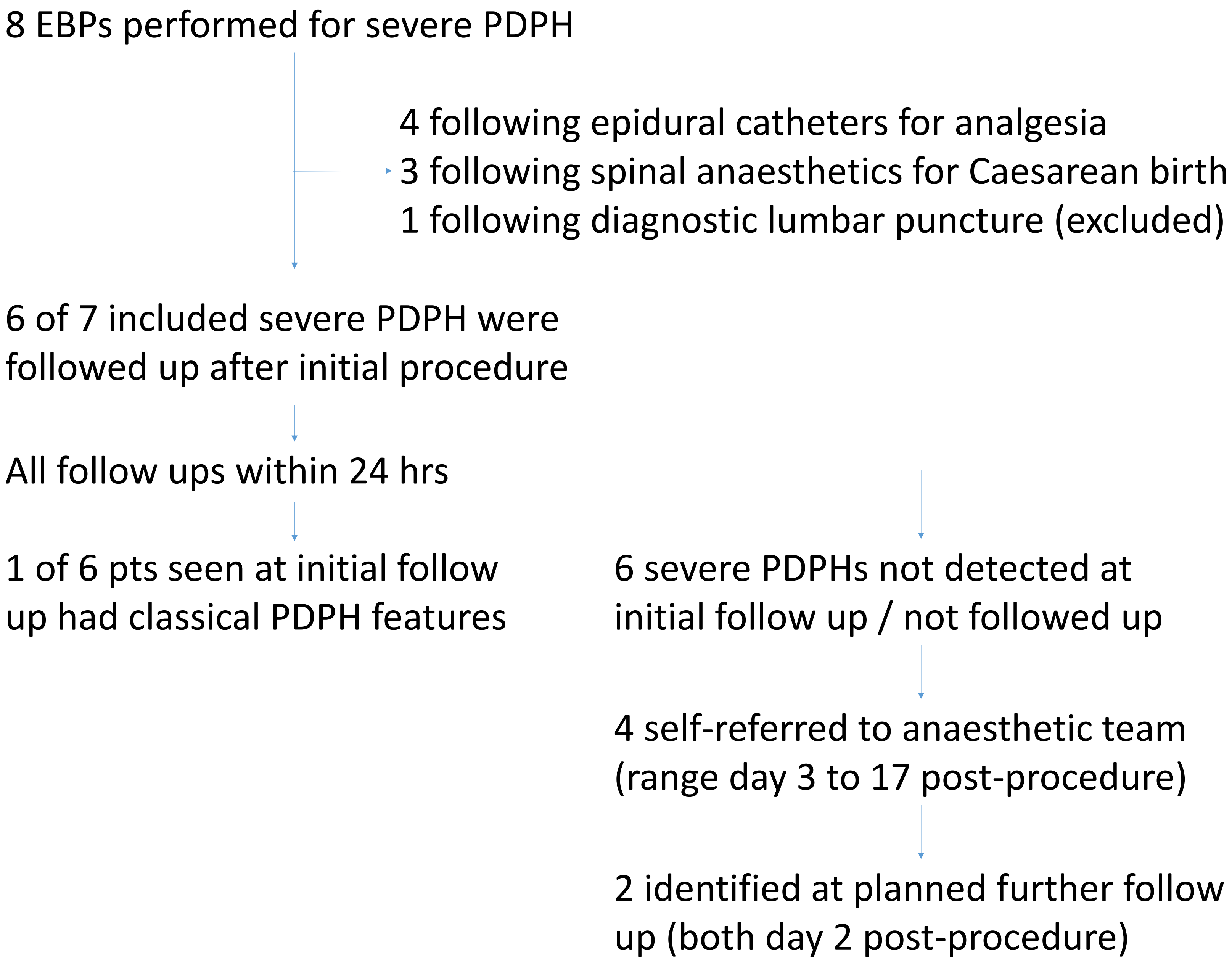
Methods:

Approval was gained from clinical lead. BadgerNet (maternity database) search for all anaesthetic follow ups in past year. Time between initial neuraxial procedure and anaesthetic follow up taken. Severe PDPH was defined as requiring an epidural blood patch (EBP) for symptomatic relief. BadgerNet search for all EBPs in past year. Patients who underwent EBP had their case notes reviewed to identify time to presentation of symptoms following initial neuraxial procedure as well as outcome from EBP.

Results:

4123 deliveries including 444 assisted vaginal births and 1675 Caesarean births of which 795 were elective. 2169 anaesthetic follow-ups. Median time to follow up 27 hrs (IQR 16 hrs). 8 severe PDPHs requiring EBPs . All patients treated with EBP reported significant improvement in symptoms and were discharged after 24 hrs.

Results (cont.):



Discussion:

Follow up within 24 hrs of initial neuraxial procedure risks missing severe PDPHs. This can delay treatment with EBP. Whilst follow up within 24 hours is of benefit for detecting and acting on neurological symptoms, it is important to educating patients on PDPH symptoms and actions to take if experienced.

References:
1: MBRRACE-UK 2009-12.
2: Ockenden review: summary of findings, conclusions and essential actions. 2022.

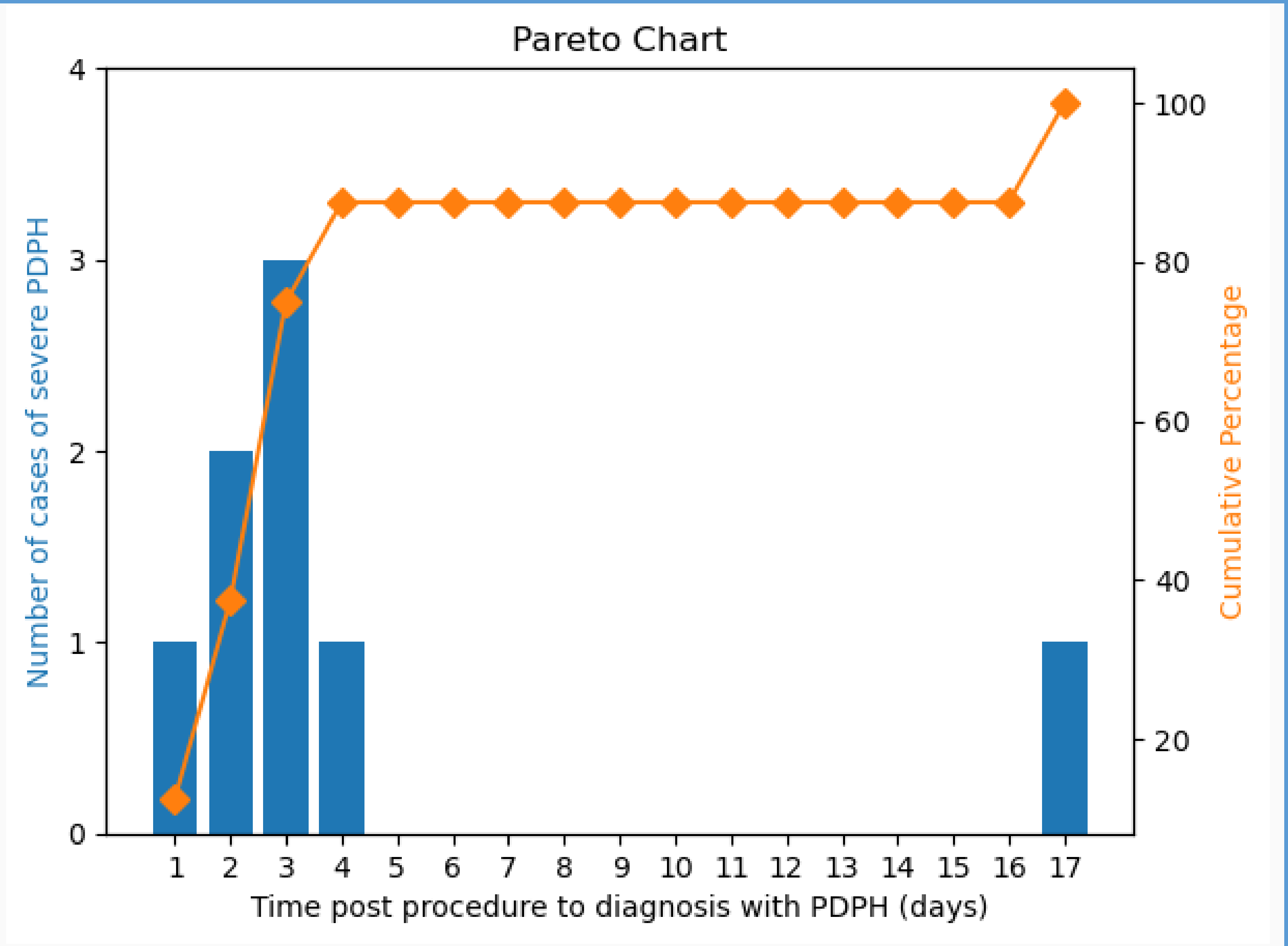


Figure 1: Pareto chart of number of severe PDPH compared to time post procedure to diagnosis.