UT Southwestern Medical Center

Epidural Blood Patch Through an Epidural Catheter

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Introduction and Case

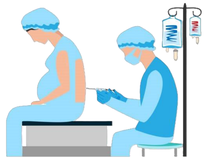
INTRODUCTION

- 70% of laboring patients receive epidurals
- Inadvertent dural puncture occurs in 0.2-0.9% of patients
  - Of those, 50-80% of patients develop post-dural puncture headache (PDPH)
- Gold standard – epidural blood patch (EBP)
  - Usually with another neuraxial attempt

PDPH

- Risks
  - Age
  - Female
  - Cutting and wide gauge needles
- Symptoms
  - Positional headache
  - Nausea, vomiting, neck pain, stiffness
- Treatment
  - MMPC
  - Caffeine
  - EBP
    - Technique

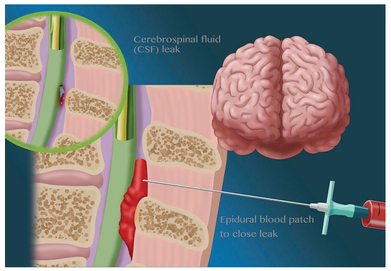
CASE



- 24-year-old G3P2 at 40w3d gestation presented in active labor
- Epidural placed at L3-L4 level
- Patient reporting pain, no relief after troubleshooting
- During replacement, inadvertent dural puncture occurred during first attempt
- After, delivery patient having **PDPH symptoms**
- Symptoms initially relieved with medications, but then recurred
- Desired EBP
- Patient was going for tubal ligation the same day to be done under spinal anesthesia
- Epidural placed for tubal ligation
- **EBP done through epidural prior to removal**

Teaching Points

- Post-dural puncture headache risk factors and presentation
- Counseling patients on what to expect after dural puncture and on the option for EBP
- Epidural blood patch may be performed successfully through a preexisting epidural catheter
- EBP through catheter may minimize the risk of an additional inadvertent dural puncture, bleeding, and infection
- It may be a useful alternative in patients undergoing later procedures that can be done under neuraxial and who have already had multiple attempts



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