

Dural Puncture (Wet Tap) During Epidural Anesthesia

What you need to know

What is a wet tap?

The brain and spinal cord are surrounded by fluid and are contained in a membrane called the dura. During epidural anesthesia, a needle is advanced to the epidural space which is just in front of the dura. Rarely, the needle punctures the dura causing a leak of spinal fluid. This is known as a dural puncture, often called a wet tap. A wet tap can result in the development of a headache.

What is the risk of getting a wet tap?

The risk of a wet tap occurring during the placement of an epidural is approximately 1.5%. That's about 1-2 times for every 100 women who get an epidural.

What is a Post Dural Puncture Headache (PDPH)?

A post dural puncture headache (PDPH) is a headache that comes as a result of a wet tap. There can be many different reasons you may develop a headache when you are postpartum. Physicians are able to distinguish a PDPH from other causes of headaches because a PDPH has certain characteristics. One of these characteristics is that a PDPH is positional. This means that it gets worse when you sit or stand up, and gets better when you lie down.

Will I definitely get a headache after a wet tap?

About 64% of women who get a wet tap will end up having a PDPH. While the chance of developing a headache after a wet tap may seem high, many women find relief from their symptoms with conservative treatments.

What is the treatment for PDPH?

A PDPH can be treated by lying down, keeping hydrated, and taking over-the-counter pain medications like Tylenol or ibuprofen. Consuming caffeinated beverages during the day may also help. Additionally, a physician might recommend certain prescription medications. Although sometimes it takes 1-2 weeks for the headache to go away completely, these treatment options provide adequate relief for over half of the patients who experience a headache following a wet tap. In some cases, however, a patient's may remain severe despite these therapies. In these instances, an epidural blood patch might be recommended.

What is an epidural blood patch?

An epidural blood patch is a procedure similar to a labor epidural. A needle is inserted into the back and advanced to the epidural space, just like with a labor epidural. A sample of blood is then drawn from the patient's arm and injected through the needle. The blood acts to form a clot, which stops the leakage of spinal fluid. This procedure can be done at the hospital or in a pain management center, and may require x-ray guidance.

Are epidural blood patches effective?

A blood patch is very effective. It takes away the pain of the headache about 80% of the time. Although it often works well, a blood patch (like any procedure) does come with risks. The risks are the same as those encountered when the initial epidural was placed for labor pain. They include localized back pain, bleeding, infection, and nerve injury. There is also a small risk that the dura could be punctured a second time.

What should I do if I receive an epidural blood patch?

Take it easy for the first 48 hours. Avoid heavy lifting. Avoid straining while having a bowel movement: stool softeners can help. Drink extra fluids. Take your usual pain medications (Motrin or Tylenol) if needed for any remaining headache symptoms or mild soreness/stiffness at the site of the blood patch procedure.

When should I seek care?

If you have had a wet tap and experience a headache before leaving the hospital, you may wish to speak with the anesthesiologist. The anesthesiologist will be able to discuss potential treatment plans with you that may include conservative measures, prescription medications, and/or an epidural blood patch.

If you develop a headache after discharged from the hospital, or if your symptoms worsen, you may contact the labor and delivery unit any time of day and ask to have the on-call anesthesiologist call you (see numbers below). You may also discuss symptoms or concerns with your obstetrician.

You should also seek immediate medical care or call 911 if you experience any of the following:

- Severe back or neck pain
- High fever
- Weakness or numbness of arms or legs
- Urine or bowel incontinence
- Difficulty walking or talking
- Visual or auditory changes
- Significant mental changes
- Loss or decreased level of consciousness
- New onset of vomiting

Labor and Delivery Contact Information:

Presbyterian Medical Center: 704-384-4947

Matthews Medical Center: 704-384-6270

Mint Hill Medical Center: 980-302-3400

Ballantyne Medical Center: 980-488-2000

Huntersville Medical Center: 704-316-4300