

Curing a Headache 'Down under'

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In January 2010 my Sierra Leonean friend Catherine Conteh had an elective caesarean section under regional anaesthesia for the delivery of her second baby in a Western Australian hospital (figs 1,2).



Fig 1. The Conteh family 13th January 2010

Apparently her anaesthetist tried and failed several times to insert an epidural (? an attempted CSE) and eventually resorted to a spinal. During the surgery Catherine developed a severe headache (? was air used for loss of resistance) for which she had to be given 'strong' painkillers post operatively.

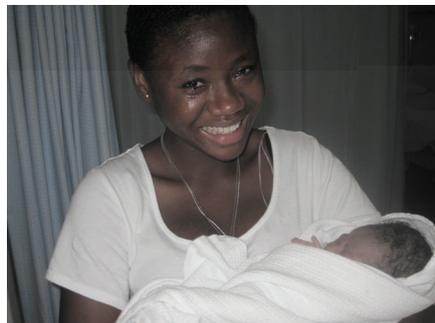


Fig 2. Regina (17) with her new baby brother

She was sent home on day 4 but her frontal headache and photophobia persisted. Her symptoms were better when she lay down but worse when she sat or stood up which made it more difficult to care for her new baby Derek (named after my father).

She went to see her General Practitioner (GP) who prescribed cephalexin and codalgin forte which made no difference to her headache.

After she texted me to say she was returning to her GP for more investigations, I emailed her the following letter from Tignes in the French Alps where I was attending the North Thames Anaesthetic Meeting:

27th January 2010

Re: **Mrs Catherine CONTEH**

Catherine underwent an elective caesarean section on the 13th January under regional anaesthesia. The anaesthetist apparently had difficulty performing an epidural so I think that they then did a spinal block.

If you have multiple attempts at an epidural there is an increased risk of dural puncture leading to a post dural puncture headache (PDPH) which I suggest may be the cause of Catherine's headache. This can occur even though the anaesthetist may not have seen any CSF during the procedure. The main features are that the headache is 'postural' – worse when the patient sits up or stands and much better when the patient is lying flat. The headache may be frontal, occipital or both and can be associated with neck stiffness and photophobia. The rare complications of 6th nerve palsy and even fits have been described in association with PDPH.

If you feel that she might have a PDPH then she should be referred back to a Consultant Obstetric Anaesthetist in the anaesthetic department at the hospital where her baby Derek was born. The best treatment is Epidural Blood Patch with 15-20 ml of her own blood.

Her GP immediately referred her back to the hospital and her headache was instantly cured by a blood patch performed over two weeks after delivery.

The incidence of PDPH is said to be 1 in 100 (1%) after epidurals and 1 in 500 (0.2%) after spinals [1]. I feel it is important that patients after regional anaesthesia for obstetric procedures should be seen on the postnatal ward by an anaesthetist prior to discharge and that GPs should be more aware of a possible diagnosis of PDPH.

Reference

1. www.oaa-anaes.ac.uk