

**PO 8 - POSTDURAL PUNCTURE HEADACHE, FOLLOW UP AND TREATMENT MODALITIES: THE REALITY OF A HOSPITAL.**

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**Background:** Postdural puncture headache (PDPH) is a major complication of neuraxial anesthesia which can occur following spinal anesthesia and with inadvertent dural puncture, during epidural anesthesia. Women's, specially pregnancy women's, are considered a group of risk for PDPH. Dural punctures during epidural placement occur with a frequency of 1.5% in the obstetric population, and around of 50% of those develop a PDPH. Hospitals should develop protocols for management of accidental dural puncture, including appropriate follow-up and indications for further management.

**Methods:** We performed a survey of all women patients treated for PDPH from January 2016 until December 2020. The patients analyzed in this study were examined by an anesthesia provider. Since december 2019, a new protocol has been developed for these situations. The forty-one womens included in this study started conservative measures such as: bed rest, oral hydration, analgesics and caffeine supplementation.

**Results:** From 41 women identified, 59% reported relief of headache with the conservative treatment and 25% had symptomatic relief when the treatment was associated with Sphenopalatine ganglion block (SGB). Since the implementation of this protocol, there is just a case needing an Epidural Blood Patch (EBP) due to failure of the SGB.

**Discussion and Conclusions:** Since PDPH can be incapacitating, prompt diagnosis and treatment are mandatory. Our results show that, early identification of patients with PDPH and the initiation of conservative treatment favors a positive evolution. The association of the SGB to the conservative treatment proved to be favorable, leading to a decrease for more invasive treatments.

**References:** 1. Kwak K, Postdural puncture headache. KJA, April 2017; vol. 70(2): 136-143. 2. Nair A and Rayani B, Sphenopalatine ganglion block for relieving postdural puncture headache: technique and mechanism of action of block with a narrative review of efficacy. Korean J Pain; 2017 April; Vol. 30, No. 2: 93-97.

	TECHNIQUE		TREATMENT			
	Spinal Technique	Epidural Technique	Analgesia	Analgesia + SGB	Analgesia + SGB + EBP	Analgesia + EBP
N°	18	23	24	10	2	5

Table 1. Follow-up and treatment modalities of women patients followed.  
 SGB: Sphenopalatine ganglion block, EBP: Epidural Blood Patch.



