

Hampton Roads Radiology Associates

Patient Information

Diagnostic Lumbar Puncture

Your referring physician has requested that you have a diagnostic lumbar puncture. The following is a description of the procedure and a description of the potential complications, so that you can give informed consent to have the procedure.

A lumbar puncture is an invasive procedure with some uncommon risks, so you will need to give informed consent. After local anesthesia, using fluoroscopic (x-ray) guidance a needle will be placed into the lumbar spine into the fibrous fluid containing sac that contains the lumbar nerve roots. Fluid is withdrawn for laboratory tests and the pressure may be measured. You will typically be discharged immediately following the procedure or within one hour.

Most complications of lumbar punctures are rare (except for spinal headache) and the procedure is very safe. You need to know the potential complications which include:

1. **BLEEDING.** As with all needle procedures, bleeding can occur. As long as you have no bleeding tendency and are not on any blood thinners such as Coumadin, bleeding complications are extremely rare. However, patients have had to undergo emergency surgery to relieve pressure on the nerve roots and spinal cord because of bleeding after needle procedures like myelograms.
2. **INFECTION.** Any needle passing through the skin can introduce infection which in myelography would be a meningitis. This is an extremely rare complication and sterile technique will be used.
3. **SPINAL HEADACHE.** This is a common complication and may occur if the small hole in the fibrous sac does not close after the needle puncture. The fluid inside can then leak out, and when severe, the brain loses the cushioning effect of the fluid which causes a severe headache when you sit or stand. This occurs in up to 30-50% of patients that have a lumbar puncture of any kind including myelogram. They occur typically about 2-3 days after the procedure and are positional, they come on when you sit or stand and go away when you lie down. It is important that you follow instructions and stay at bedrest for a full 24 hrs getting up only to go to the bathroom and drink plenty of fluids after the procedure. This is important to allow the small hole in the sac to heal. If you develop a spinal headache, it is OK to treat yourself. As long as you do not feel ill, have no fever, and the headache goes away when you lay down, you may treat yourself with another 24 hrs of bed rest with bathroom privileges continuing to drink plenty of fluids. This typically eliminates the headache. If it does not, contact the radiologist who performed the procedure or your referring physician, and a procedure can be performed in the hospital that has a very high success rate in treating spinal headaches. This procedure is done in around 1% or less of patients after a myelogram, and is an epidural blood patch.

If you have any questions, please feel free to ask the physician performing the procedure prior to signing the consent form.