



Colonial Neurology

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PATIENT INFORMATION SHEET - LUMBAR PUNCTURE

What is a lumbar puncture?

Lumbar puncture (LP), also called a spinal tap, is a procedure doctors use to obtain a sample of cerebrospinal fluid (the fluid that surrounds the brain and spinal cord) for testing. When performed by an experienced doctor, LP is safe and involves minimal discomfort. Patients who undergo an LP generally are in a position sitting up and leaning forward or lying on one side curled into the fetal position. The back is scrubbed with a cleansing solution. A local anesthetic medicine is then injected into the skin where the tap will be placed. When the skin is numb, a small needle is inserted into the back at the level of the hip bones, below where the spinal cord ends. The needle is pushed forward gently between (not through) the bones of the spine until the spinal fluid is found. Often times a pressure reading is taken while lying on side as a measure of the pressure around the brain and spinal cord. Approximately 2-4 tablespoons of fluid are removed and put into sterile tubes. The fluid is sent for specific tests.

Are there risks involved?

You may experience minor pain, bruising or swelling of the skin where the needle is inserted — much as you might when giving blood, though the local anesthetic usually numbs this sensation and only a pressure sensation is noted. A post-LP headache can also occur. Less than 10% of those receiving an LP report a headache. Such headaches are usually mild and last 0-2 days, and are usually worse standing or sitting and alleviated by lying flat. This headache is due to low pressure around the brain from taking the fluid off. In most patients, the fluid is reproduced in 1-2 hours. More severe headaches can occur in rare instances, and these usually respond to treatment within a few hours.

A very rare occurrence is infection from the tap itself; the risk for such infection is less than that of a regular blood draw, primarily because we disinfect the skin very carefully before starting. Persons who faint when giving blood may have a similar flushing/fainting experience in response to LP, but we can proceed with caution beforehand. If you have a history of fainting with blood draws, make sure to drink plenty of fluids and eat on day of procedure. All precautions are taken to anticipate potential problems and minimize these risks.

Before procedure, let the performing staff and physician know about:

- Medications that thin the blood (aspirin, warfarin/Coumadin, enoxaparin/Lovenox, dagibatranPradaxa)
- Allergies to: latex, iodine/Betadine, and anesthetics (lidocaine, Novocaine, etc)
- Are or might be pregnant
- Take any herbal remedies (some of these thin the blood)

After procedure, call the office immediately if you develop:

- Chills, fever, or stiff neck
- Drainage or bleeding from the puncture site
- Severe headache
- Numbness or weakness below the puncture site
- Loss of control of urination or bowel movements

