

worries or concerns please discuss them with a member of staff. Minor symptoms of headache dizziness or nausea should settle within a few days. If they do not settle, if you develop other symptoms or If you have any concerns after discharge please contact your GP in the first instance, who will seek neurological advice if appropriate.

If your symptoms are severe you should go to the Accident & Emergency Department

Your test results

Most of your test results should be available within 1-2 days. A few test results can take several weeks. The doctor will inform you of the test results either on the ward if you are an inpatient or at your next clinic appointment if the procedure is done as an outpatient.

Further Information

If you require further information please ask your doctor or nurse.

Useful websites

www.nhs.uk

www.sunderland.nhs.uk/chs

This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

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LUMBAR PUNCTURE NEUROLOGY/MEDICINE

SPECIALIST NURSE

**PATIENT INFORMATION
LEAFLET**

What is a lumbar puncture (LP)?

A lumbar puncture is an investigation in which a sample of cerebrospinal fluid (CSF) is taken from the lower back and analysed. The procedure is also known as an LP or spinal tap. The LP may be performed to determine the pressure of the cerebrospinal fluid and/or to obtain specimens of fluid for further examination. Further information is available on the attached consent form.

Can I eat and drink before my test?

You do not have to be fasted prior to this procedure, but it is advisable only to have a light meal prior to the test to avoid feeling nauseated during the procedure.

Should I take my tablets?

You should continue with all of your current medication at your normal times, unless instructed otherwise. The specialist nurse performing the LP should be made aware of any medication you are taking, prior to you having the procedure done.

Preparation for the test

Prior to your LP your named nurse or specialist nurse will fully explain the procedure. Your specialist nurse will then ask for you to consent to the procedure to ensure that you understand the test and its implications. You may wear your own nightwear or ask your nurse if you prefer a hospital gown.

What does the test involve?

You will be asked to lie on the bed with your back positioned against the edge of the bed and to bring your knees up to your chest, as this will widen the spinal spaces. The specialist nurse will examine your lower back and may adjust your position slightly. The skin around the lower spine is cleaned and a local anaesthetic is injected, after a few minutes the area should become numb. A spinal needle is then inserted into the lower back, usually between the 4th and 5th lumbar vertebrae. The spinal pressure can then be measured and a small quantity of fluid taken for examination by the laboratory staff. The needle is removed and a small plaster will be applied.

Please inform the staff if you have any allergies specifically to local anaesthetics like Lignocaine or Betadine, plasters or any other medication. If the procedure is unsuccessful senior medical advice will be sought.

What happens after the test?

You will be asked to lie flat on your back for approximately 2-3 hours. You will also be asked to drink plenty of fluids. Lying flat and increasing your fluids will reduce the risk of post LP headache. If you do develop a headache please inform staff who will administer a painkiller that has been prescribed by your doctor. It is advised that you do not drive, operate machinery or drink alcohol for 1 day

following the procedure. If possible, a friend or relative should accompany you home.

The intended benefits

Lumbar punctures are usually used as a diagnostic investigation to look for evidence of infection, inflammation or bleeding. They may also be used therapeutically in certain conditions when CSF pressure is thought to be elevated. We believe in your case that the procedure's intended benefits outweigh the potential small risks.

Serious or frequently occurring risks:

- Headache and/or nausea are frequent after lumbar puncture and can last for several days.
- Transient back or leg pain at the site of lumbar puncture is not uncommon.
- Small risk of blood clot/bruising in the back.
- Complications such as bleeding into the spinal fluid and nerve root irritation or infection can lead to long-term neurological problems. This is uncommon but does occur in some cases.

Your specialist nurse will be happy to answer any further questions you may have regarding the procedure.

Further advice

Risks and complications of this procedure are very rare, significant risk/complications will be discussed with you by the specialist nurse prior to the procedure but if you have any