

**Patient
Information**

Having a lumbar puncture

Introduction

Your doctor has asked you to have a lumbar puncture to help them diagnose or treat your problems. You have been given this leaflet to answer some of the questions you may have.

What is a lumbar puncture?

A lumbar puncture is a medical procedure where a hollow needle is put into the lower part of the spinal canal. This is done to take a sample of the watery fluid that is around the brain and spinal cord. This watery fluid is called cerebrospinal fluid (CSF).

Sometimes the chemicals or cells that are found in CSF can help your doctor understand which disease or condition is causing your problems. Your problems might be helped by draining some of the CSF away.

Your doctor will have discussed with you the reasons you need to have a lumbar puncture. They will also have explained the benefits and possible risks associated with this procedure.

How is the lumbar puncture performed?

You will be asked to lay on one side with the spine curved as much as possible. You will then be asked to bring both knees up towards your chest. Curling up into this position allows the vertebrae in your spine to separate out.



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The area of skin at the base of the spine is painted with an antiseptic solution. A local anaesthetic is then injected to numb the area. Some people find that the anaesthetic stings for a second or two before the area goes numb.

A hollow needle is put into your spine between two of the bones (vertebrae) and into the spinal canal, below the end of the spinal cord. This does not damage the spinal cord.

Once in place, the needle can then be used to take some of the fluid (CSF). It is not always easy to get the needle into the right place. If this happens it is sometimes better to stop and arrange for you to come back and have the lumbar puncture done under X-ray on another day.

Once a sample has been taken or medication given, the needle is gently taken out and a small plaster is put onto your skin where the needle has been. The plaster should be kept on for 24 hours.

You may be asked to give a sample of blood to help with diagnosis. The whole procedure can take less than 20 minutes to carry out, but you should allow up to 1 hour.

What will happen afterwards?

If you have the procedure as an outpatient, you will be able to leave as soon as the clinician has finished. You need to drink plenty of fluids over the next 24 hours.

Your body will naturally replace any CSF that has been taken away but you can help this by drinking plenty.

Sometimes people can have a headache shortly after the procedure. This should go away within 24 hours. Drinking plenty of fluid and taking simple pain relief such as paracetamol, will help. You should always follow your pharmacist or doctor's directions when taking medication.

Sometimes, people who have had the procedure notice that the site where the needle was put in oozes a little blood or CSF. This should stop within 24 hours and might be helped if you lie flat.

If you have any concerns about how you feel after the procedure please discuss these with your GP.

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