

## Are there any serious risks?

The clinician will spend time feeling the bones in your back so they perform the procedure in a safe area away from your spinal cord, meaning nerve damage is incredibly rare. There is a theoretical risk of infection being introduced but the procedure will be completed in a clean environment with sterile equipment, and again infection is rare.

## What are the other risks of the test?

Occasionally there may be pain or discomfort at the site of needle insertion and very rarely bruising or small amounts of bleeding at the site. You may experience a shooting pain if the needle touches a nerve in your back but this usually settles quickly and lasting damage is rare. Some people are allergic to the cleaning fluid, local anaesthetic or to plaster used to cover the needle site. You should make the staff aware of any allergies you have.

## How soon can I go home after the test?

You will be observed for about half-an-hour after the test and can go home thereafter when you feel up to it.

## What happens if fluid is not obtainable by the test?

If the test is unsuccessful on the day, it is still possible to repeat it on another day using the help of X-ray to guide the needle insertion.

## How long will it take for the results to be ready?

Most results are available soon after the test but others may take a few weeks to be ready as they are sent to specialised centres. Your referring doctor will receive the results as soon as they are available.



## **PATIENT INFORMATION**

# Lumbar Puncture

**If you have any questions about the  
information in this leaflet please  
contact the**

**Neurology Department on  
01803 654827**

## **What is a lumbar puncture?**

This is a test whereby a sample of the fluid that surrounds your brain and spinal cord (cerebrospinal fluid) is removed for analysis.

## **Why is it done?**

It is done mainly to diagnose different diseases of the nervous system like infection and inflammation. It is also done to measure pressure in the head in some forms of headache.

## **Is the test suitable for everyone?**

There is an increased risk of bleeding if you are on blood thinning medicines like warfarin or you have a bleeding disorder. Do inform the staff if this applies to you. Similarly, the test is avoided if you have an infection over your lower back where the needle is inserted.

## **How is it done?**

The lumbar puncture is carried out on a bed or couch. You will be asked to lie down on your side (whichever side you sleep on or are most comfortable on) and bring your knees up towards your chest. The clinician marks an area on your lower back after feeling the bones in your back and pelvis. The area is cleaned, and local anaesthetic is applied with a small needle. A spinal needle is then inserted in your lower mid-back through the space between your spinal bones to access the cerebrospinal fluid.

The fluid pressure is measured with a tube called a manometer and a few drops of the fluid is taken in specimen bottles and sent to the laboratory.

The pressure may be measured again if it was initially high and the needle is then taken out. A plaster is then placed over the needle site. You may have a blood test done just after the lumbar puncture.

## **Will it be painful?**

Local anaesthetic is injected at the site of the test which limits the pain of using the larger spinal needle used to take the fluid. The anaesthetic is injected using a very small needle, which can feel a little like a bee sting. The anaesthetic itself may sting for a little while as it is injected. If you experience significant pain during the test, do tell the doctor and more anaesthetic can safely be given.

## **How long does the test take?**

The procedure takes about twenty minutes and you should allow from 1- 2 hours overall. Occasionally the fluid is not obtained at the first attempt and a lower site on the back may have to be used. This may therefore prolong the procedure.

## **What is the commonest side effect of the test?**

Occasionally people have a headache following the test. This is usually mild, and worse when you are upright. It usually settles within a couple of days and can often be alleviated by drinking caffeinated drinks. The headache is thought to be due to a continued leakage of the fluid through the needle hole which will eventually close up. If it persists you should arrange to see your GP.

## **Can I be sedated?**

We do not offer sedation routinely but some people do seek a relaxant from their GP to take prior to the procedure, which does not affect the procedure, but you should let the clinician know