Patient Information to be retained by patient

NHS
Royal Cornwall Hospitals
NHS Trust

Lumbar puncture (LP)

affix patient label

What is a lumbar puncture?

A lumbar puncture (sometimes called a spinal tap) is a procedure where a sample of cerebrospinal fluid (CSF) is taken for testing. CSF is the fluid that surrounds the brain and spinal cord. This test is used to diagnose medical conditions of the brain and spinal cord.

What does it involve?

You will either lie on a couch on your side with your knees pulled up against your chest, or sit up and lean forward on some pillows. The doctor/physician associate will clean an area of your lower back with antiseptic. They will then inject some local anaesthetic into a small area of skin which lies over a space between two lower spinal bones. This stings a little at first but then makes the skin numb.

The doctor/physician associate then pushes a needle through the skin and tissues into the space around the spinal cord which is filled with CSF. Because the skin is numbed with local anaesthetic, most people do not feel pain. You may feel pressure as the needle is pushed in. Some people do have a sharp feeling in the back when the needle is pushed through. Occasionally, a shooting sensation can be felt down one leg – let the doctor/physician associate know if this happens, they will move the needle and the sensation will stop.

CSF leaks back through the needle and is collected. Sometimes the doctor/physician associate will also measure the pressure of the fluid, which is done by attaching a special tube to the needle as the fluid is coming out.

The needle is usually in for about 1-2 minutes. As soon as the required amount of fluid is collected, the needle is taken out and a sticking plaster put over the site of needle entry.

This process usually takes 15-30 minutes to undertake.

Are there any risks or complications?

Lumbar punctures are generally low-risk procedures. However, they sometimes cause short-lived side effects. They rarely cause significant problems. The benefits of the lumbar puncture almost always far outweigh the risks.

- **Back pain:** You may experience pain around the area where the needle was inserted. In most cases, the pain will ease after a few days and it can be treated with simple painkillers.
- **Swelling and bruising:** You may notice some bruising and minor swelling in your lower back. This is usually nothing to worry about and should go down naturally. However, seek medical advice if the swelling continues or gets worse.
- **Headache:** A headache may occur after a lumbar puncture, usually developing within 24 to 48 hours of the procedure. The pain is often dull or throbbing and usually worse while standing or sitting up or relieved by lying down. Simple painkillers are usually sufficient to treat this. If this persists, is particularly severe, or is accompanied by sickness and vomiting, contact the hospital that carried out the procedure.
- **Bleeding:** There is a small risk of bleeding inside the head or around the spinal cord (epidural / dural haematoma), although this is very rare (1 in 200,000).
- **Infection:** The likelihood of causing an infection in the tissues around the spine (epidural / dural abscess) or in the CSF is also very small. However, you should seek medical advice if you develop a temperature or sensitivity to bright lights.

- **Nerve damage:** Temporary loss of sensation, pins and needles and muscle weakness may last for a few days or even weeks but is uncommon and almost all of these make a full recovery in time. Permanent nerve damage is very rare.

In some instances, it will not be possible to obtain a sample due to technical difficulty. Should this be the case, another practitioner may need to repeat the procedure. This may be at the same, or a later time.

What happens afterwards?

You should take a short period of rest immediately after the procedure and keep well hydrated. Notify medical staff of any problems. Take simple painkillers (such as paracetamol) if needed and appropriate. Avoid strenuous activity or the operation of heavy machinery for at least 24 hours.

What should I look out for?

If you have concerns about experiencing any of the symptoms described above, seek medical advice initially through the department where the procedure was undertaken or via your GP.

Contact us

Royal Cornwall Hospital (switchboard) - 01872 250000

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Lumbar puncture (LP)

A procedure performed under local anaesthetic, to take a sample of cerebrospinal fluid for testing

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits and summarised the risks, as below:

- *Diagnosis of medical problems involving the brain or spinal cord.*

Significant, unavoidable or frequently occurring risks:

- *Back pain, swelling and bruising, headache (post dural puncture headache).*

Rare but serious risks:

- *Epidural / dural haematoma or abscess, bleeding, infection, temporary or permanent nerve damage.*

Any extra procedures which may become necessary during the procedure:

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Lumbar Puncture (LP) (CHA4084) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

CHA4084 V1
Printed 09/2019 Review due 09/2022

affix patient label

Lumbar puncture consent form

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Lumbar Puncture (LP) (CHA4084) which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.
Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

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