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A survey of postdural puncture headache management practices within an academic department

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Abstract

Background

Postdural puncture headache (PDPH) is a common consequence of neuraxial anaesthesia, especially among parturients, in whom it is associated with maternal morbidity, prolonged hospital stay, and increased healthcare costs. Although international guidelines for PDPH management are available, variable management practices exist. There are no published studies which document current practices, nor guidelines available, with respect to PDPH management in South Africa. This study aims to describe PDPH management practices within the Wits Department of Anaesthesiology, which may assist in future local guideline or protocol development.

Methods

An electronic questionnaire was distributed to the Wits Department of Anaesthesiology. The survey instrument was developed following a literature review targeting recent evidence based PDPH management guidelines, including the Obstetric Anaesthetists Association (OAA) guidelines from 2018, after which it was reviewed for content and face validity. Data were downloaded, analysed, and presented with the aid of statistical software. Participant responses were then compared to the OAA guidelines, which were considered the standard of practice. A score relating to this was determined and compared to demographic variables to assess for possible correlations.

Results

Participants' practice with respect to conservative management strategies and the performance of EDBPs was in keeping with the OAA guidelines, despite evidence of limited provider experience with performing these procedures, as well as the lack of available departmental guidelines. Ninety six percent of anaesthetists perceived they would benefit from the institution of formal guidelines.

Conclusions

Management practices for the treatment of PDPH among anaesthetists within the Wits circuit are variable, but generally consistent with current international guidelines, however, limited experience in treating PDPH has been demonstrated.

The development, and institution, of formal guidelines to assist in the management of PDPH is recommended, as well as continuous medical education of staff, to ensure good patient outcomes. (Word Count:293)