

Fluoroscopic Guided Lumbar Puncture/Spinal Tap

Your doctor has ordered a test for you called a lumbar puncture (also known as a spinal tap). This handout explains what will happen before, during, and after the test. Your nurse will go over this sheet with you. Please ask questions. If you have questions or concerns after you go home, please call the numbers listed at the end of this handout.

Please let your doctor or nurse know if:

- You are allergic to novocaine or lidocaine.
- You have had previous back surgery.
- You take a medicine that is a blood thinner.

Lumbar Puncture/Spinal Tap

A lumbar puncture involves placing a needle between the bones of the lower back into the sac that surrounds the spinal cord. The purpose of the spinal tap is to test the fluid, known as cerebrospinal fluid or CSF, which flows around the spinal cord and the brain. This fluid acts as a shock absorber for the central nervous system and your body will replace the fluid that is removed within a day. Tests on CSF can tell many things about your body.

The procedure can be done at the bedside or in the clinic. Fluoroscopy allows the doctor to use x-rays to guide the needle into the right position. This can make the procedure easier but, does not mean that there will be less pain, or you will be less likely to have complications.

Before the Procedure

- Please arrange to have someone drive you home.
- Bring along any medicines you will need to take during the day including acetaminophen (Tylenol®).
- Before the exam, your doctor may order blood tests.

Day of the Procedure

After arriving at UW Hospital, you can go directly to Radiology (G3/3) on the 3rd floor to register.

Once checked in, you will be asked to lie down either on your stomach or side on the exam table. You must **remain as still as you can** during the procedure.

The doctor will decide where to insert the needle by looking at the X-rays and feeling your back. The doctor will put on sterile gloves and clean your back. A sterile towel will be draped over your back. **Do not** touch your back or the sterile towel.

Next, you will receive a shot to numb the site where the puncture will be. This is much like the dentist giving you novocaine before filling your teeth. Then the doctor will insert a needle between the bones at the chosen spot. You will feel pressure as the doctor inserts the needle. Let the doctor or nurse know if you feel any pain. **Breathe deeply and slowly.**

The doctor may attach a gauge to the needle to measure the fluid pressure. Then, some of the CSF will drain into several test tubes. The CSF will come out through the needle drop by drop, much like a dripping faucet.

Once enough fluid has been taken for testing, the needle will be removed. Your back will be cleaned, and a band-aid will be placed over the site. The entire test will last about 30 to 45 minutes.

After the Test

You will need to lie **flat** in bed for 30 minutes to reduce the chances of getting a headache. If you are an outpatient, you will be in the Radiology Recovery Unit for this time. You may lie on your side, back, or abdomen, but **do not lift your head for long periods of time.**

Drink plenty of fluid after the test and over the next 1 to 2 days. These fluids will help replace the CSF fluid that was taken for tests. Your nurse will check the puncture site for redness or swelling before you leave.

Results

The length of time before you have the results of your test varies. Some results are ready in 1 to 2 days. Others may take weeks. Results will be sent directly to the doctor that ordered your test. Ask in the recovery unit if you are not sure.

Home Care

- Keep resting for the rest of the day. Do quiet things like reading, watching TV, etc. **No** hard physical activity.
- Recline in bed or on a sofa, until the next morning. Keep drinking plenty of fluids. Drinks with caffeine are fine and may help with any headache.
- The morning after the test, you may

take a shower and remove the band-aid. You may also resume your normal routine. **No** baths, swimming, or hot tubs for 3 days after the procedure.

- If you get a headache after starting activity, return to resting. Lay **flat** and increase your intake of fluids with caffeine. Most headaches after lumbar puncture go away on their own after several days.
- You may take any over the counter pain killer (ibuprofen, Tylenol[®], naproxen) for any pain.
- **No** heavy lifting, twisting, bending or strenuous exercise for one week to allow the puncture site to heal.

When to Call

- A severe headache that is not relieved by aspirin or acetaminophen (Tylenol[®]) and if it lasts longer than 5 days after the procedure.
- Dizziness
- A stiff neck
- Nausea or vomiting
- Fever

Who to Call

To speak to someone about the procedure, call the Neuroradiology Clinical Program Coordinator at **(608) 890-7291**.

After hours or weekends, please call the hospital paging operator at **(608) 262-2122** and ask to talk to the Neuroradiology Fellow on-call.

If you have a question about the results, please call the doctor that ordered the study.