# Lumbar Puncture in the Neurology Clinic (Outpatient)

Your provider 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 clinician 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.

**Tell us if:**

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

**Lumbar Puncture/Spinal Tap**

A lumbar puncture (spinal tap) involves placing a needle between the bones of the lower back into the space that surrounds the spinal nerves. The purpose is to test the fluid, known as cerebrospinal fluid or CSF, which flows around the spinal cord and 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**

You will be asked to lie down or sit for the test. You may lie on your side with your knees drawn up and your head bent down. Or you may sit on the edge of the bed while leaning onto a bedside table. The provider will tell you which position to take. You must **remain as still as you can** during the procedure.

The provider will decide where to insert the needle by feeling the spaces between the bones in your lower back. They will put on sterile gloves and clean your back. Once your back is clean, a sterile towel will be put over your back. **Do not** touch your back or the sterile towel.

You will get a shot to numb the site where the puncture will be. This is much like the dentist giving you novocaine. The site will become numb in less than a minute. The needle will be inserted between the bones at this spot. You will feel pressure as the needle goes in. Let the provider or nurse know if you feel any pain.

**Breathe deeply and slowly.**

A special gauge may be attached to the needle to measure the fluid pressure. The CSF will drain into several tubes. The CSF will come out through the needle drop by drop, much like a dripping faucet. Once enough fluid has been taken, the needle will be removed. A band-aid will be placed over the site. The entire test will last about 30-60 minutes.

**After the Test**

You will need to lay **flat** for 30 minutes in the clinic to reduce the chances of getting a headache. If you are outpatient, you will be in the Neurology Clinic. Please rest as much as possible when you return home.

You may lie on your side, back, or abdomen, but **do not twist, turn, or bend or body, or lift your head for long periods of time.**

Please bring a caffeinated drink and a salty snack with you. You will be asked to drink the fluids and eat the snack after the test. These will help replace the CSF fluid that was taken for tests and prevent a headache.

A nurse will check the puncture site for redness or swelling.

**Risks**
Some of the risks include:

- **Pain** – Patients may feel a poke as the provider inserts the needle into the back. We use medicine to numb or lessen the pain. Once the needle is in, the pain is often mild and goes away. If you feel pain into one buttock or down one leg, please let the provider doing the procedure know.
- **Headache** – You may have a headache after the test. This would happen when sitting or standing and get better when laying down. This will go away on its own but please let your nurse know if your headache is bad. It is very important to drink fluids, including caffeine, if you can tolerate it.
- **Bleeding** – When the provider inserts the needle, there is a risk of bleeding at the site. If this happens, the bleeding is often light and stops on its own. Bleeding into the spinal canal is rare.

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

**Home Care**

- Keep resting for the day. Do quiet things like reading, watching TV, etc.
- 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 bath or shower and remove the band-aid. You may also resume your normal routine.
- You may take any over the counter pain killer (ibuprofen, Tylenol®, naproxen) for any pain.
- Normal activity can resume the next day.

**When to Call**

- A severe headache that is not relieved by aspirin or acetaminophen (Tylenol®)
- Dizziness
- A stiff neck
- Nausea or vomiting
- Fever

**Who to Call**
If seen in **Neurology Clinic**, call:
**(608) 263-5442**.

After hours, this will give you the paging operator. Ask for the neurology resident on call. Leave your name and phone number with the area code. The doctor will call you back.

The toll-free number is **1-800-323-8942.** Ask for the correct extension above.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 1/2026. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8270