

Lumbar Puncture



Information for parents and carers

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A lumbar puncture is a test where a doctor uses a needle to get fluid from a sac of fluid that sits below the spinal cord.

This fluid also circulates around the brain, so is a way of sampling that fluid. This fluid is known as cerebrospinal fluid (CSF). Usually this procedure is needed because the medical team is suspecting meningitis, which is an infection in the CSF. It is very important to have a lumbar puncture as it is the only way to know for sure if a patient has meningitis. Early diagnosis can greatly improve long-term outcomes.

Lumbar punctures are also performed for other reasons, including measuring pressure and looking for chemicals that affect brain function.

How is a lumbar puncture done and does it hurt?

Your child will be placed on their side and held very still, curled up in a ball, to get in a good position for the procedure. The doctor will clean your child's back and then put a needle between the bones of his or her lower back. **The needle does not go near the spinal cord.** The needle is small, and young children do not have big muscles around their back, so the procedure itself is not very painful. However, children usually dislike being curled up in a ball and held very tightly, so the overall experience can be distressing. The medical team will only have suggested a lumbar puncture if it is very important. If you are not sure why the lumbar puncture is needed, please ask the doctors before the procedure is performed.

For some older children, we are able to use nitrous oxide (laughing gas) to help with their comfort. We also use a numbing cream on their back.

In most cases, parents are able to be in the room while the lumbar puncture is performed. However the nursing staff will be responsible for holding your child as they know the technique and can hold them very still. Many parents prefer not to be there. If you are not sure, please talk to the team and they can help you decide.

What are the risks?

Lumbar puncture is a safe test. The risk of any serious complications, such as bleeding or infection, is small and, as the needle is passed well below the spinal cord, any risk of damaged nerves is extremely small. Sometimes we are unable to get the fluid so may need to try more than once.

Consent

As for all procedures, the medical team will explain the need for this test and ask for your permission to undertake it. They will document this consent in your child's medical record.

What happens after?

Your child can be bathed normally. The plaster can be removed the following day or left to fall off. If your child has a headache or sore back after the test, you can give them paracetamol. Children over the age of 10 may benefit from lying flat for four hours afterwards to prevent a headache.

Results

Some of the results return within two hours. The fluid culture takes approximately 48 hours, as this involves studying the sample to see if any bacteria are present in the sample. You will be updated on these results when they are available.