

Lumbar puncture

Inhoudstafel

How to perform a lumbar puncture? Lumbar puncture in the emergency department setting.

Lumbar puncture is a relatively safe procedure in the diagnosis of central nervous system infections and in the diagnosis of subarachnoid hemorrhage, malignancies, demyelinating diseases, and Guillain-Barré syndrome

A lumbar puncture can be performed with the patient sitting upright or in the lateral recumbent position.

The correct level of entry of the spinal needle is determined with the patient sitting upright. The spinal needle can be inserted at the L3-L4 or L4-L5 interspace.

The overlying skin should be cleaned and disinfected with alcohol and povidone-iodine or chlorhexidine.

Lidocaine 1% or 2% is used as a local anesthesia and is infiltrated into the lumbar intervertebral space.

The spinal needle mostly used 20 or 22 gauge.

The spinal needle should be advanced slowly, angling slightly upward (15°) towards the umbilicus.

Remove the stylet periodically to check for flow of cerebrospinal fluid.

Complications can occur even when using good technique. These may include: Back pain, headache, infection, bleeding and cerebral herniation.

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