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DECREASE IN THE INCIDENCE OF POST DURAL PUNCTURE HEADACHE: LONG TERM PLUGGING OF THE DURAL HOLE WITH THE EPIDURAL CATHETER *Kuczkowski, K.M. Benumof, J.L. Anesthesiology and Reproductive Medicine, University of California, San Diego, CA* Introduction: The incidence of epidural needle-induced post dural puncture headache (PDPH) in parturients following dural puncture with a large bore (18 GA) needle has been reported to range 76-85% (1).Although a few preventive measures have been proposed to prevent PDPH, none have been shown to work with certainty to date. Methods: Following inadvertent dural puncture with an 18-GA Tuhoy-Schliff epidural needle seven parturients were quickly consented to continuous spinal analgesia and the dural puncture was followed by (1) injection of the CSF in the glass syringe back into the subarachnoid space through the epidural needle; (2) insertion of an epidural catheter into the subarachnoid space; (3) injection of a small amount of preservative free saline (3-5 ml) into the subarachnoid space through the catheter; (4) administration of bolus (1 ml of 0.25% isobaric solution of bupivacaine with fentanyl 10 mcg) and then continuous (0.625% bupivacaine with fentanyl 2 mcg/ml at the rate of 2 ml/hour) intrathecal labor analgesia through the intrathecal catheter; and then (5) leaving the intrathecal catheter in-situ for a total of 12-20 hours. Results: PDPH occured in only one of the seven patients (14%). Discussion: Our findings suggest that following inadvertent dural puncture with an 18-gauge epidural needle in parturients, sequential performance of the above five maneuvers decreased the incidence of PDPH from 76-85% (1) to 14%. It is difficult to know the relative importance of the five maneuvers performed in our study in decreasing the incidence of PDPH. We postulate that the immediate insertion of the epidural catheter into the subarachnoid space ("short term plugging") with careful attention to minimize CSF loss, and more importantly, the prolonged presence of the catheter in the subarachnoid space ("long term plugging"), seem the most likely mechanisms of prevention of continuous leakage of CSF and subsequent development of PDPH. Conclusion: We conclude that the combination of the above five maneuvers appears to be a promissing technique in preventing PDPH. *Reg Anesth Pain Med 2001; 26: 301-305.*

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DOES THE TIME OF THE DAY AFFECT OBSTETRIC ANESTHESIA WORKLOAD? *Vogel, T.M. Ramanathan, S. Anesthesia, Magee-Womens Hosapital, Pittsburgh, PA*