

ABSTRACT

A PROSPECTIVE, RANDOMIZED STUDY COMPARING THE INCIDENCE OF POSTDURAL PUNCTURE HEADACHE FOLLOWING SPINAL ANAESTHESIA IN OBSTETRIC PATIENTS USING 25 GAUGE WHITACRE SPINAL NEEDLE AND QUINCKE SPINAL NEEDLE

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BACKGROUND: PDPH causes considerable morbidity, with symptoms lasting for several days, at times severe enough to immobilize the patients. Our study is to compare the incidence and the severity of PDPH in obstetric patients using 25 gauge cutting tip Quincke spinal needle and 25 gauge pencil tip Whitacre spinal needle.

MATERIALS AND METHODS: 240 Obstetric patients posted for elective caesarean section were randomly allocated into Group A and Group B using a computer generated randomization table. Group A received subarachnoid block with 25 gauge Whitacre needle and Group B with 25 gauge Quincke needle. Number of attempts and number of failed spinal anaesthesia noted. All patients were enquired about onset, duration, severity and associated symptoms for 3 days postoperatively. Severity of headache was catagorised as mild, moderate and severe.

RESULT: The occurrence of PDPH was meaningfully less (3.3%) when pencil-point 25G Whiteacre spinal needles is used compared to Cutting bevelled 25G Quincke spinal needle (10.8%). It was mild in 6%, moderate in 12% and severe in 6% of patients in pencil-point 25G Whiteacrespinal needle group. It was mild in 29%, moderate in 35% and severe in 12% of patients in Cutting bevelled 25G Quincke spinal needle group. This difference is true and significant and has not occurred by chance.

CONCLUSION : We conclude that use of 25 gauge pencil tip,Whitacre needle is associated with significant reduction in the incidence of PDPH than 25 gauge cutting needle Quincke needle in obstetric patients.

KEYWORDS: Postdural puncture headache (PDPH),Whitacre spinal needle,Quincke Babcock spinal needle.

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