



8735 W. Higgins Road, Suite 300
Chicago, IL 60631-2738
847-375-4731 Phone
info@painmed.org
.....
www.painmed.org

February 18, 2016

FOR IMMEDIATE RELEASE

Contact Information

Email: info@painmed.org

Attn: Director of Communications
American Academy of Pain Medicine
Phone: 847-375-4731

Sphenopalatine Ganglion Block is Found Fast, Effective and Safe for Postdural Puncture Headache in Obstetric Patients

Feb. 18, 2016, PALM SPRINGS, Calif. – New research suggests that sphenopalatine ganglion block (SPGB) relieves disabling headache from dural puncture faster than the usual care of epidural blood patch (EBP) and lacks the potential for rare but profound complications that can accompany EBP. A non-invasive treatment with minimal side effects, SPGB is a highly effective treatment for accidental postdural puncture headache (PDPH) in obstetric patients, according to results from a retrospective analysis on view today in a scientific poster at the 32nd Annual Meeting of the American Academy of Pain Medicine.

At 24-48 hours, both treatments were similarly effective; however, SPGB was associated with greater headache relief at 30- and 60- minutes post-treatment, said lead author Preet Patel, MD, a research fellow at Rutgers - Robert Wood Johnson (RWJ) Medical School in New Brunswick, N.J. He said advantages of SPGB include its relative ease of administration and lower complication rates.

“One of the advantages of SPGB is that you will know relatively quickly if it is providing headache relief for your patient,” Dr. Patel said. “If the block is not effective within the first three hours, you can switch to the more invasive EBP.” And if it does work, he said, the new mothers can avoid the complications that can appear days or weeks later with EBP and enjoy a quicker recovery, “which is absolutely critical in this population.”

Disabling headache from dural puncture can follow the administration of spinal anesthesia. According to the International Headache Society, PDPH worsens with sitting upright, improves with reclining and is accompanied by neck stiffness, tinnitus, photophobia or nausea. When conservative measures such as oral medications or caffeine fail to relieve the often-severe headache pain, EBP is the usual treatment choice. Unfortunately, EBP can lead to significant complications on rare occasions, including motor and sensory deficits, meningitis, hearing loss, Horner’s Syndrome and subdural hematoma (Snidvongs & Shah *JRSM Short Reports* 2012;3:68, Beilin & Spitzer *A A Case Rep* 2015;4:163-5, Kardash et al *Reg Anesth Pain Med* 2002;27:433-6).

Dr. Patel described the history of SPGB use for headache relief, including migraine and cluster headache, going back for over 100 years but said it had not been previously adequately studied for PDPH treatment.

-More-

The investigators reviewed 72 records over 17 years of women without a previous history of primary headaches who had experienced PDPH during childbirth. Thirty-three women received SPGB (with EBP available upon request), and 39 women received routine EBP. The women were similar in age, height, BMI and potential risk for suffering complications from general anesthesia.

The superior pain relief with SPGB was observed at the earliest time points: 55 percent of those receiving SPGB had recovered from headache at one-half hour post-treatment compared with 21 percent in the EBP treatment group. At one hour post-treatment, 64 percent of SPGB recipients had recovered vs. 31 percent in the EBP treatment group. At 24 hours, 48 hours and one week post-treatment, no differences were seen in pain relief.

However, EBP recipients experienced higher complication rates, including nine patient emergency-room visits, three complaints of backache radiating to the leg, one vasovagal reaction and one complaint of temporary hearing loss.

Dr. Patel said that although the study is small and retrospective, the results are ample evidence to ask anesthesiologists to consider using the non-invasive SPGB for the treatment of PDPH in obstetric patients before they consider using the more invasive EBP. The research team in the Department of Anesthesiology at Rutgers – RWJ is planning a prospective study and hopes to report data within three years.

Poster 145 – Sphenopalatine Ganglion Block (SPGB) Versus Epidural Blood Patch (EBP) for Accidental Postdural Puncture Headache (PDPH) in Obstetric Patients: A Retrospective Observation

About AAPM

The American Academy of Pain Medicine is the premier medical association for pain physicians and their treatment teams with some 2,400 members. Now in its 33rd year of service, the Academy's mission is to optimize the health of patients in pain and eliminate pain as a major public health problem by advancing the practice and specialty of pain medicine through education, training, advocacy and research. Information is available on the Academy's website at www.painmed.org.

###