

MRHC Guidelines for Image Guided Spinal Procedures (Lumbar Puncture and Myelography)

Appropriate Labs

- INR < 1.5
- Platelets > 50,000

Medication Guidelines

- ASA and NSAIDS – For elective outpatient LP/Myelo, hold 5 days. For inpatient LP/Myelo, no hold needed.
- *Plavix (clopidogrel) - 7 day hold
- *Ticlid (ticlopidine) - 14 day hold
- *Coumadin - 5 day hold plus normal INR check prior to procedure
- *GP IIa/IIIb (abciximab) - 48 hour hold
- *Pradaxa (dabigatran) – 5 day hold
- *Eliquis (apixaban) – 48 hour hold
- Low dose lovenox (prophylactic) - 12 hour hold
- Therapeutic lovenox - 24 hour hold
- Unfractionated SQ heparin - no hold as long as daily dose is less than 10,000 units
- Unfractionated IV heparin - 6 hours after last dose
- Review myelography medications to hold on separate document

* must be coordinated with referring MD

Guidelines for Head CT/MR prior to LP

- New onset seizure
- Papilledema
- Focal neurological findings
- Altered mental status

What to ask when an LP is requested

- What is the indication for the procedure?
- After hours or on weekends, an attempt at the bedside is expected before requesting fluoroscopic guidance given limited resources available in the radiology department during these times. Please note if there are issues with a bedside LP such as coagulopathy or a combative/moving patient, these will be issues under fluoroscopy as well.
- Is the patient consentable? If not, who is the POA and what is that individual's contact information?
- What are the patient's labs?
- Will conscious sedation be needed?
- Remind referring MD ordering labwork on CSF fluid is his/her responsibility.
- Are there special requests (measure opening pressure, large volume tap, etc)?

How to handle post-procedure headaches?

1. Conservative measures include:

a. Recommendations for bed rest:

- i. For the first 12 hours after the LP, lie flat, NO lifting, NO straining
- ii. If patient gets a headache after getting up, recommend again lying flat for an additional 12 hours
- iii. If headaches do not improve after lying flat this may indicate a more serious complication and the patient should be evaluated by the ordering physician

b. Instructions for hydration: Recommend vigorous hydration. Caffeine may be helpful.

2. Pain management: If headaches persist despite conservative measures, pain medication such as Tramadol may be indicated. Prescriptions for this type of medication should be coordinated through the patient's primary care physician or the clinician who ordered the procedure. Radiology staff will not prescribe narcotic pain medication.