

What You Need to Know About LBD and Lumbar Punctures

A lumbar puncture (LP), also called a spinal tap, is a very short, minimally-invasive medical procedure. LP's are used to obtain a sample of a cerebrospinal fluid or CSF, a clear liquid that surrounds both the brain and spinal cord. CSF holds key information related to what is happening in the brain and is extremely valuable in research. This fluid allows scientists to study the biology of LBD.

By studying spinal fluid from people with LBD, **researchers hope to answer important questions about LBD**, including how to diagnose LBD earlier and more accurately. It may also help measure the effectiveness of an experimental treatment or tell us how levels of different proteins relate to the symptoms people with LBD experience.

Misconceptions about LP's

- Many people think it might be painful, but it's really not.
- It sounds scary, but it's actually a very low-risk procedure that is usually performed in a doctor's office.
- While some people are worried that an LP may be more risky for a person with LBD, there are no known increased risks in persons with LBD.

What to Expect During the Procedure: A period of fasting is usually required prior to the procedure. If you are on a blood thinner, you may not be eligible for this procedure.

- LP's are done on an outpatient basis by highly-trained specialists. It only takes about 15 minutes to perform the procedure.
- Proper positioning of the body is very important and there are two positions that may be used. Before the procedure, the patient may lie down on their side and draw their knees up towards their chest. Alternatively, the patient may be seated, leaning forward with their head over their knees.
- The lower back will be cleaned with a special solution to sterilize the area. A sterile covering is then laid over the back. A numbing medication, like a dentist uses, is injected into the skin and underlying tissues at the lower back. This shot of local anesthetic, which may sting, is usually the only pain felt during the procedure.
- The specialist then inserts a thin needle in the space between two vertebrae. The patient may feel some pressure. Some people may also experience a "spark" of sensation.
- Once the needle is in the spinal fluid space, the specialist withdraws some of the fluid. The needle is then removed, the antiseptic is cleaned off, and a Band-Aid® or similar adhesive strip is placed.
- When the procedure is completed, the patient may get up, or may rest lying down for a little while before returning home. After a lumbar puncture, the patient should rest laying down most of that day and drink lots of fluids. They should also avoid strenuous activity for up to 48 hours.

Understanding Risk of LP's: The most common risks associated with an LP include a **headache** in up to 10 to 20% of people. These headaches are usually mild and temporary. With bedrest and hydration, nearly all headaches resolve within 1 day. Some **back discomfort or tenderness** may also be experienced. The theoretical risks of infection or bleeding are extremely low.