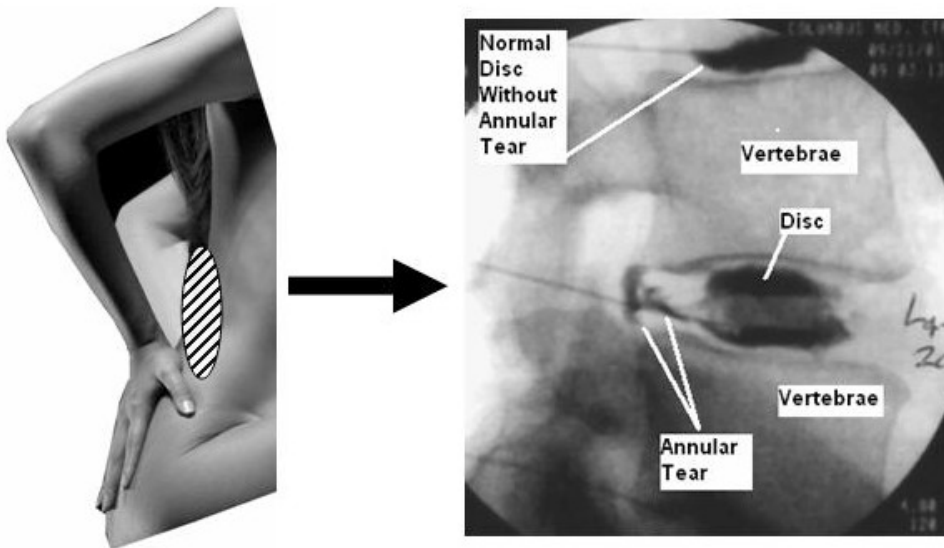


LUMBAR Provocation DISCOGRAPHY

NOTE: THIS HIGHLY TECHNICAL INJECTION SHOULD ONLY BE PERFORMED BY MD or DO PHYSICIANS TRAINED IN INTERVENTIONAL PAIN MEDICINE

The discs of the spine may develop tears in the outside lining that holds the spongy, shock absorber part of the disc inside. The disc may then become painful causing pain due to nerves that grow into the disc where there should be none. Movement then causes severe back pain due to these new nerves being compressed. These tears in the disc (called annular tears) may be present due to disc degeneration or trauma. Discography is a highly refined diagnostic test used to determine if there is one or more than one disc producing pain. It is a test to help your surgeon or pain physician to choose options for further treatment.

WHAT IS LUMBAR DISCOGRAPHY? *Discography, also known as a discogram or disc stimulation, or more properly “provocation discography” according to ISIS, involves x-ray guided (fluoroscopic) placement of several needles into the discs of the*



*spine. Depending on the clinical situation, the patient may receive mild sedation prior to needle placement, then after needle placement is complete, each disc is sequentially injected with iodine containing contrast **under fluoroscope x-ray views, and with a manometer to check and record internal disc pressures which are absolutely necessary for properly evaluating the response.** The contrast pattern is also evaluated from the x-ray images, but more importantly, the patient is questioned about the location, severity, and character of pain produced during the injection (**at certain - well defined - pressure thresholds per ISIS guidelines**) compared to the normal every day pain experienced. Normal discs do not hurt significantly during the injection. Since not all annular tears*

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seen on MRI cause pain, discography is the only way to determine pain producing discs. After the injection and testing is complete, the needles are removed. In positive cases a CT scan will be performed shortly after the discography if needed.

DO THE INJECTIONS HURT? *The point of the procedure is to reproduce the normal daily pain. During the injection, a second type of pain (due to the needles themselves) is usually felt to the right or left of the spine depending on the location of the needles, but this type of pain is different than the usual pain.*

RISKS: bleeding, infection of the disc space, nerve injury, spinal cord injury, spinal headache, abscess or blood clots, paralysis are all rare risks that you should discuss with your physician prior to the procedure

SPECIAL INSTRUCTIONS BEFORE THE PROCEDURE: *If any sedatives are to be administered, then you should not eat or drink after midnight on day of the procedure unless otherwise instructed. DO TAKE ALL OTHER USUAL MEDICATIONS WITH SMALL AMOUNTS OF WATER ON THE DAY OF THE PROCEDURE EXCEPT THE MEDICINES BELOW THAT SHOULD BE STOPPED SEVERAL DAYS IN ADVANCE OF THE PROCEDURE* You will need a driver afterwards that can stay in our lobby during the entire time you are in our facility.

MEDIATIONS TO STOP BEFORE THE PROCEDURE: *Stop Plavix 7 days before the procedure, Aspirin 5 days before, Stop Coumadin and Warfarin 5 days before the procedure – (and arrange for Lovenox Bridging with your primary if indicated). Stop Ticlid (ticlopidine) 14 days before the procedure.*

DISCHARGE INSTRUCTIONS:

- **Activity:** Rest on the day of the procedure and if possible for several days afterwards.
- **Diet:** Resume normal diet
- **Medications:** Resume normal medications unless otherwise instructed. If you are given a new prescription for narcotic pain medications, take as directed and remember pain medications may require 45 minutes to reach their peak effect. Pain medications may make you dizzy or drowsy.

• **Dressing:** You may have a small bandaid or bandaids placed over the injection site. This can be removed the next day

• **Discomfort at the Injection Site:** Apply ice wrapped in a washcloth for short periods of time (20 minutes per hour) during the first 24 hours, then apply low to medium heat

• **Side Effects:** A flare-up of pain lasting up to a week or more, is more common than not, and is to be expected. An antibiotic and iodine dye are injected and only very rarely result in difficulty breathing, rash, or severe dizziness. There is a possibility of a spinal fluid leak with spinal headache (severe pain on sitting or standing that is significantly less when lying down) especially if the usual approach to the disc is impossible due to bone spurs in your spine. If there is any new loss of bladder control or bowel control (excessive and uncontrollable amounts), new numbness or weakness, or fever of more than 101 with severe worsening back pain, **contact our office immediately, or if it is after hours go to an Emergency Department or Urgent Care, and explain the procedure you have had and the symptoms.**

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- **Return to Normal Activities:** You may experience some numbness in one leg temporarily and if this happens, contact our office immediately. Discography is not a treatment to reduce pain, but is a diagnostic tool to replicate the normal pain the patient has. Therefore discography will not result in any decrease in pain. Try to rest as much as possible the first several days after the procedure.

- **Anesthetic Effects:** If sedation is given, refrain from operating motor vehicles within the first 12 hours after the injection and do not plan to make any important decisions such as signing legal or important papers within the first 24 hours after the injection. Do not consume alcohol within 12 hours after the injection.