



DISCOGRAPHY

What are the discs? - The discs are soft, cushion-like pads that separate the hard vertebral bones of the spine. A disc may be painful when it bulges, herniates, tears, or degenerates and may cause pain in the neck, mid-to low back, arms, chest wall, abdomen, or legs. Other structures in the spine may also cause similar pain such as the muscles, joints and nerves. Before performing discography, it has usually been determined that these other structures are not the sole source of pain in a patient (through history and physical examination, review of x-rays, CTs/MRIs and/or diagnostic injection procedures such as facet injections, sacroiliac joint injections and/or nerve root blocks).

What is discography and why is it helpful? - Discography confirms or denies the disc(s) as a source of pain. This procedure uses the placement of a needle into the discs themselves under x-ray guidance and injection of contrast dye. CT and MRI scans only demonstrate anatomy and cannot absolutely prove a patient's pain source. In many instances, the discs may be abnormal on MRI or CT scans but not a source of pain. Only discography can tell if the disc(s) themselves are a source of pain. Therefore, discography is done to identify painful disc(s) and help the surgeon plan the correct surgery or to avoid surgery that may not be beneficial. Discography can also be used to determine the appropriate discs for thermocoagulation (a neurosurgical pain relieving technique). Discography is done only if a patient's pain is significant enough for them to consider surgery or thermocoagulation.

General Pre/Post-Injection Instructions – Be sure to tell your doctor if you have any allergies, particularly to contrast dye or Betadine. Patients cannot eat 8 hours before the procedure. Patients may take their routine medications (i.e., high blood pressure), except for insulin. You may take half of your normal insulin dose the day of the procedure and monitor your blood sugar. Patients should not take pain medications or anti-inflammatory medications the day of their procedure. Patients must be in pain prior to this procedure. They may not take medications that relieve or lessen their usual pain. These medicines can be restarted after the procedure if they are needed. The doctor must be notified if a patient is on Coumadin (blood thinner). **A driver must accompany the patient and be responsible for getting him/her home.**

What happens during the procedure? - An IV is started so that antibiotics (to prevent infection) and relaxation medication can be given. The patients lie on their back for cervical discography and on their belly for lumbar discography. The skin on the neck or back is scrubbed using sterile soap. Next, the physician numbs a small area of skin with numbing medicine. This medicine stings for several seconds. After the numbing medicine has been given time to be effective, the physician directs a small needle using x-ray guidance into the disc spaces. Patients generally feel temporary discomfort as the needle passes through the muscle or near a nerve root. The physician may perform this at more than one disc level. After the needles are in their proper locations, small amount of contrast dye is injected into each disc. The patient must tell the physician whether the injection causes pain, and if so, whether it is the usual type of pain.

What happens after the procedure? - Patients may be given a prescription for antibiotics and pain medication to take for a few days following the procedure. The pain medicine helps with muscle discomfort that may exist after this procedure. Your pain may even increase after the procedure. You may feel hoarse after the cervical procedure. This is temporary. We will send the results of the discography to your referring physician within 24 hours.

Patients may return to their normal activities on the day after the procedure.

No driving is allowed on the day of the procedure. You must bring someone to drive you home after the procedure.