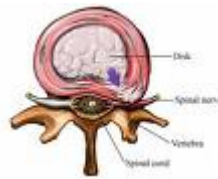
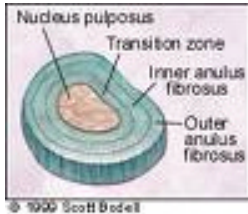


## Discography Information

### What are the discs?

The discs are soft, cushion-like pads that separate the hard vertebral bones of your spine. A disc may be painful when it bulges, herniates, tears or degenerates and may cause pain in your neck, mid-back, low back and/or arms, and legs. Other structures in your spine may also cause similar pain such as the muscles, joints and nerves.



### What is discography and why is it helpful?

Discography confirms or denies the disc(s) as a source of your pain. It is a relatively simple procedure that uses a small needle to inject contrast dye into your disc. MRI and CT scans only demonstrate anatomy and cannot absolutely prove your pain source. In many instances, the discs may be abnormal on MRI or CT scans but not be a source of pain. Only discography, which is a functional test, can tell if the disc itself is a source of your pain. Therefore, discography is done to identify painful disc(s) and help the surgeon plan the correct surgery or avoid surgery that may not be beneficial. Discography is usually done only if you think your pain is significant enough for you to consider surgery or more advanced treatment options.



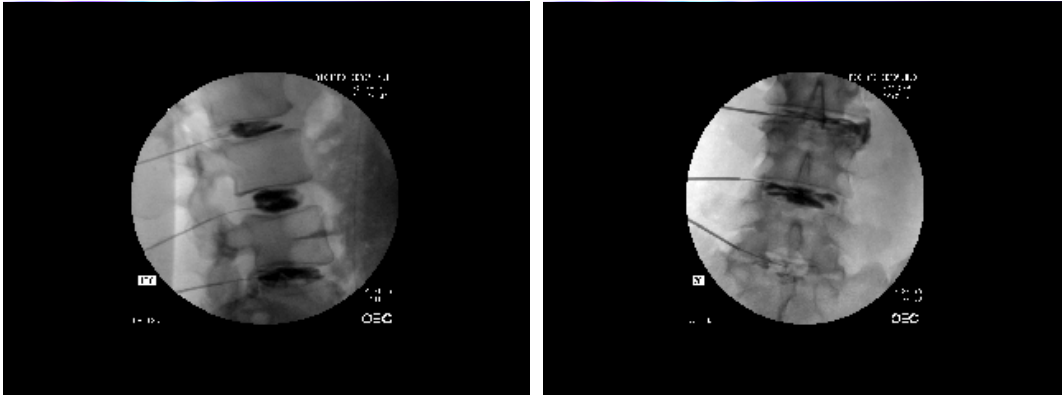
Here is a normal lumbar spine MRI.



This MRI of the lumbar spine shows two degenerative discs with bulging that may be painful.

### What will happen to me during the procedure?

An IV will be started so that relaxation medicine can be given. You will lie on your back for cervical discography, on your belly for thoracic and lumbar discography. Your skin will be well cleaned thoroughly. Next, the physician will numb a small area of skin which may sting for a few seconds. Next, the physician will use x-ray guidance to direct a small needle into your disc. You may feel temporary discomfort as the needle passes through the muscle or near a nerve root. The physician may repeat this at several adjoining disc levels. After the needles are in their proper locations, a small amount of contrast dye is injected into each disc. If a disc is the source of your usual pain the injection will temporarily reproduce your symptoms. If a disc is not the source of your pain than the injection will not reproduce your symptoms or cause any discomfort.



Here are views of a lumbar discogram.



Here are views of a cervical discogram.

If you have one or more painful discs, your physician will go over the results of the test and treatment options.

#### **What should I do after the procedure?**

No driving for eight hours. You may be given a prescription for pain medication over the next 2-3 days when your muscles may be sore. Do not apply heat to your back for the first 24 hours after the procedure.

#### **General Pre/Post Instructions**

You may eat a light, but not a full meal at least 2 hours before the procedure. If you are an insulin dependent diabetic do not alter your normal food intake. Take your routine medications before the procedure (such as high blood pressure and diabetes medications) except stop aspirin and all anti-inflammatory medications (e.g. Motrin/Ibuprofen, Aleve, Relafen, Daypro) 3 days before the procedure. These medicines may be re-started the day after the procedure. You may take your regular pain medicine as needed before/after the procedure. If you are on coumadin, heparin, lovenex, plavix or ticlid you must notify my office so that the timing of stopping these medications can be explained. If you are on antibiotics please notify our office, we may wait to do the procedure. If you have an active infection or fever we will not do the procedure. You will need to bring a driver with you. You may return to your current level of activities the next day including return to work.