

## Disctrode

### *What is **Disctrode**?*

Problems with discs develop over time as they deteriorate due to wear-and-tear from lifting and other activities. Extreme stress and injuries may hasten deterioration. Lower back pain from many tiny nerve endings may result from these disc problems. Previously, removal of the disc or fusion of the disc offered the only surgical treatment options. Such invasive measures involve lengthy recovery and a considerable amount of pain. Now, minimally invasive options such as Disctrode are available. Discography is a procedure often done prior to consideration of Disctrode to evaluate the discs to determine whether they are a source of pain.

Disctrode is a procedure in which the physician places a catheter under fluoroscopy (X-ray) guidance into the disc. The catheter is positioned along the outer aspect of the disc at the location of the tear within the disc. The catheter is then slowly heated to treat the tear. The heat is meant to destroy pain receptors at the location of the tear and remodel the outer layers of the disc tissue, healing any tears.

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

Generally, an IV will be placed prior to the procedure for pain medication. The physician will numb a small area of skin at the site of catheter insertion. The physician will use fluoroscopy (x-ray) guidance to direct the catheter along the outer aspect of the disc at the location of the tear. We will use fluoroscopy to see placement of the catheter from multiple views to confirm optimal placement of the catheter. Then, we will slowly heat up the catheter to treat the tear.

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

There often is an increased amount of pain for a short period after the procedure. Other complications are very rare. You should inform your physician if you have high temperature or other signs of infection after the procedure. Your physician will speak to you about restrictions and set up follow up appointment. A lumbar support brace is prescribed and worn after the procedure. It is important to limit activity as the disc heals after this procedure.

## *General Pre/Post Instructions*

**Eating:** You may eat a light, but not full meal at least 2 hours before the procedure. If you are an insulin dependent diabetic do not alter your normal food intake.

**Medications:** Take your routine medications before the procedure (such as high blood pressure and diabetic medications) except for those that need to be discontinued 3 days before the procedure such as aspirin and all anti-inflammatory medications (e.g. Motrin/Ibuprofen, Aleve, Relafen, Daypro). 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 taking coumadin, heparin, lovenex, plavix or ticlid you must notify the office so that the timing of stopping these medications can be explained.

**Things that may delay the procedure:** If you are on antibiotics please notify our office; we may delay the procedure. If you have an active infection or fever we will not do the procedure.

**Exercise:** The physician will discuss post-procedure activity level with you. Patients are directed to significantly limit activity for up to 6 weeks after the procedure. Physical Therapy will likely be initiated 4-6 weeks after the procedure.

**Return to Work:** The physician will discuss your return to work. Most patients are permitted to do light house work after 1-2 weeks after the procedure with limitations on bending, lifting, pushing, and pulling. Patients may return to modified and full duties as directed by physician.