

# Discography

Discography is an invasive procedure where fluid is injected into the intervertebral discs of the spine. The patient's response to the fluid injection is used to determine whether the discs are a source of back pain. The presence of disc degeneration and annular tears can also be detected.

## HOW SHOULD I PREPARE FOR THE PROCEDURE?

1. Do not eat or drink for 4 hours before the procedure.
2. Discography is generally not performed during pregnancy because of the risk of embryo/fetal injury. Advise the technologist if you are, or may be, pregnant.
3. Discontinue **Coumadin (Warfarin)**, **Plavix (Clopidogrel)**, **Ticlid (Ticlopidine)**, and **Pletal (Cilostazol)** with permission from the prescribing physician for 5 days prior to the procedure. If you take Coumadin (Warfarin), a Prothrombin time (PT) and INR will be obtained here at the clinic before the discogram.
4. Discontinue low-molecular weight heparin therapy with **Lovenox (Enoxaparin)**, **Fragmin (Dalteparin)**, **Normiflo (Ardeparin)**, or **Orgaran (Danaparoid)** with permission from the prescribing physician for 24 hours prior to the discogram.
5. **Arrange for someone to drive you home after the procedure.**

## HOW IS DISCOGRAPHY PERFORMED?

A physician will explain the procedure and potential complications. You will sign a consent form indicating you understand the purpose, benefits, side-effects and risks of the procedure. Prior to the injection, your skin is cleansed with antiseptic soap and numbed with local anesthetic. Fluoroscopy is used to accurately place needles in the discs. Contrast material is injected. Your response to the injections will be recorded. Bandages will be placed over the puncture sites and should remain dry for the next 24 hours. The procedure typically takes 20-40 minutes. Following the discogram, a CT scan of the spine is usually obtained. After a short period of observation you will be discharged.

## WHAT SHOULD I DO AFTER THE DISCOGRAM?

1. Drink plenty of clear liquids – at least 8 oz. every hour on the day of the procedure.
2. Resume a regular diet and any medications you routinely take (including pain medications).
3. Bed rest for 8 hours.
4. No driving the day of the procedure.
5. Do not engage in strenuous work, exercise, physical therapy or lifting for 48 hours.

## COMMON SIDE EFFECTS:

1. **Increased pain:** A temporary increase in pain for several days following your procedure is the most common complication. Take your usual pain medication prescribed by your physician. Bed rest and cold compresses are sometimes helpful.

## SERIOUS COMPLICATIONS ARE RARE BUT POTENTIALLY INCLUDE:

1. **Infection:** Severe infections, such as discitis, may occur in up to 1% of patients. Meningitis and osteomyelitis are rare.
2. **Bleeding:** Bleeding is a rare complication and is more common in patients taking anticoagulants, such as Coumadin/Warfarin, Lovenox, Plavix and Ticlid.
3. **Nerve damage and paralysis:** Extremely rare but can occur from needle trauma, infection, and bleeding.
4. **Allergic reaction:** Allergic drug reactions are uncommon.

## CONTACT OUR OFFICE AT 615-356-3999 FOR THE FOLLOWING SYMPTOMS:

1. Fever greater than 100°.
2. Headache that is unresolved with medication, bed rest, and fluids after 2-3 days.
3. Increased pain, swelling or redness at the injection site.
4. Difficulty walking or profound weakness of the arms or legs.

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