

# Kyphoplasty

## Preparation Instructions

You have been scheduled for a Kyphoplasty.

This patient package contains the following:

- Information and preparation instructions for the procedure
- A map with directions to the Center
- Forms to fill out **before** your arrival:
  - Information/Details about your Condition
  - Patient Consultation Information (4 pages)
  - Discharge Instructions***Please bring these forms with you to the procedure.***

• **Expect to be at the office 3-4 hours.**

• **Arrange for someone to drive you home after the procedure.**

Premier Radiology Briarville

1210 Briarville Road • Suite 602F • Madison, TN 37115

Hours: 7:30 AM - 5:00 PM

Office: 615-986-6411

Fax: 615-234-1506

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Revised 11.15.2020

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# Kyphoplasty Overview

A kyphoplasty is an X-ray guided procedure for treatment of painful compression fractures of the back. These fractures are common in patients with weak or brittle bones and can occur with very little trauma. They cause severe pain with almost any movement, but especially when moving from a lying to a sitting or standing position. During the preliminary examination of your back, the Interventional Radiologist will make marks on your back and use X-ray to confirm that a treatable fracture is present. An MRI or nuclear medicine bone scan may be necessary to confirm the fracture. Under sedation, several needles or cannulas are placed under direct X-ray guidance into the broken vertebral body in your back. Balloons are used to elevate the broken bone as much as possible and make additional room for placement of bone cement. The bone cement “glues” the broken bone fragments together. Once this is complete, the needles are removed and the patient is recovered. Sacroplasty is a similar procedure, using cement but without balloons to fix a fracture of the sacrum. Kyphoplasty or sacroplasty are not treatments for herniated or bulging discs. This is not a treatment for degenerative discs or spinal stenosis.

## HOW SHOULD I PREPARE FOR THE PROCEDURE?

- **Arrange for someone to drive you home after the procedure.** You will be told to avoid driving for 24 hours as the narcotics that you receive will have to wear off.
- **Discontinue** any of the following medications for **5 days** prior to your procedure: **Plavix, Pletal, Ticlid, Trental, Coumadin, Warfarin, Brilinta, Xarelto or Pradaxa. Discontinue Effient for 7 days** prior to your procedure. **Patients who have had a drug eluting cardiac stent within the past year should NOT stop Plavix or Effient.**
- **Discontinue** any of the following medicines **24 Hours** prior to your procedure: **Lovenox, Fragmin, Normiflo, Orgaran, Innohep, Arixtra, Eliquis, or Iprivask.**
- All other medications are okay to take the day of the procedure. Take all your medications with small sips of water, unless told otherwise. It is very important to take blood pressure medications the morning of your examination. You will be told to stop taking blood thinners. This is important to prevent bleeding problems after your exam. Please bring all your medications with you to your appointment (not just a list). **DO NOT HOLD heart or blood pressure medications.**
- If you are on insulin, take ½ of your dose the morning of the procedure. Do not take any oral diabetic medication the morning of the procedure.
- You **must not** have any infections of any kind the day of the procedure.
- Do not eat solid foods for **6 hours** prior to your procedure. You may drink clear liquids until **2 hours** before the procedure (no milk or creamer, no juice with pulp).
- On the morning of your kyphoplasty please come to Briarville Premier Radiology office **30 minutes** before your appointment time. We open at 7:30 AM. (see attached map for directions).
- If you have had imaging done prior to your kyphoplasty, please bring the disc and/or report with you.
- Inform the nurse and the radiologist of any allergies you have.
- Please fill out and bring the documents and questionnaire about your current health status, including current problems, allergies, medications, surgeries, etc.
- Nursing/technical staff will review your information that was completed and ask other questions. An IV will be started for IV sedation.
- The Interventional Radiologist will examine you and discuss the scheduled procedure. This process may be required to occur several days before the actual treatment, as this may be required by your insurance. After questions are answered, we will have you sign a consent form. If you have any questions about the procedure before you arrive, you may call our office at 615-986-6411. You will receive a reminder call the evening before the examination.

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# What Will Happen the Day of the Procedure

## HOW IS THE PROCEDURE PERFORMED?

Once you arrive at our office, you will check in at the reception desk. Paperwork will be verified and you will be escorted to a staging area. Our staff will ask several other questions. The Interventional Radiologist will explain the scheduled procedure, answer questions and perform a consultation. If the procedure will be performed the same day, you will receive some oral sedation and an intravenous (IV) line will be placed in your arm. This allows us to give fluids, antibiotics and medications to you during the procedure. Once in the procedure room, you will be placed on your stomach. As you are sedated, the Interventional Radiologist will make several marks on your back in preparation for the procedure. Monitoring devices will be placed on your chest and arms to evaluate your vital signs. You will then be covered by sterile drapes.

Sedation will be provided to make sure you are very comfortable and sleepy. A long acting local anesthetic will be injected to numb the skin site over the back. Under X-ray guidance, several needles will be placed precisely into the broken vertebral body (bone) in your back. After positioning is confirmed multiple times, balloons are placed through the needles to lift up the broken bone and make room for the bone cement. The balloons are removed and bone cement (similar to that used in replacing joints) is injected carefully under X-ray guidance to fill the broken bone and cement all the small pieces together. The needles are then removed, a dressing placed and you are moved to recovery.

## HOW LONG WILL THE PROCEDURE AND RECOVERY TAKE?

The entire kyphoplasty procedure takes approximately 1-1/2 hours, sometimes slightly longer if the exam is complex or more than one broken bone needs treatment. After the procedure is completed, you will be moved to the recovery area where you will need to lie flat for one hour. This will allow for complete curing of the cement. Your pulse, blood pressure and entry site will be checked frequently during this period. You will be able to eat and drink. During recovery, your exam and results will be discussed with you and your family.

## WHEN WILL I KNOW THE RESULTS?

Typically, 80% of patients are near "pain free" from their fracture at time of discharge from the center. Some patients have a slightly slower relief of symptoms, but most are significantly improved within several days. There will be a mild to moderate amount of soreness or muscle spasm at the site of the procedure, and this is expected. Ice application to the site is very helpful. During the recovery period, the Interventional Radiologist will prepare some key images for you to take with you at discharge. The exam and images will be reviewed with you and your family. If prescriptions are needed, typically muscle relaxers, this will be given to you during this time. Reports will be generated to your referral doctor and primary care doctor. They will receive a copy of the consult as well as the exam and treatment reports. Follow up recommendations will be made at this time.

## OUTPATIENT DISCHARGE INSTRUCTIONS

- Resume your usual diet and any medications prescribed by your physician. If you take a blood thinner, you may resume taking it **12 hours after** your procedure, or as instructed by the Radiologist.
- Go home and rest quietly for the remainder of the day. You should not drive, operate heavy machinery, or make any legal decisions for 24 hours.
- For 2-5 days after the procedure, avoid strenuous activities including vigorous exercise, housework, heavy yardwork, lifting objects heavier than 10 pounds or excessive bending at the waist.
- An ice pack to the injection site may be helpful, for 20 minutes of every hour for 4 hours, then gentle heat afterward.
- Do not take a tub bath until the procedure site looks closed; this may be several days. You may shower.
- Please expect the Interventional Radiologist to call you the evening of the procedure to check on your status. A second follow-up call from the office will occur in several days following the procedure.

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# Post-Kyphoplasty Instructions

## Activity:

1. Go home and rest quietly for the remainder of the day. Do not drive, operate heavy machinery, or make any legal decisions for 24 hours.
2. For 2-5 days after the procedure, avoid strenuous activities including vigorous exercise, housework, heavy yardwork, lifting objects heavier than 10 pounds or excessive bending at the waist. This will help minimize your risk of bleeding (hematoma).

## Diet/Medications:

1. You may resume your normal diet after the procedure.
2. Resume your usual medications prescribed by your physician(s). If you take a blood thinner, you may resume taking it **12 hours after** your procedure, or as instructed by the Radiologist.

## Wound Care:

1. Your needle sites should be kept clean and dry. Do not bathe in a tub for 48 hours. Showers are acceptable.
2. The dressings on your back may be removed after 24 hours. Replace with band-aids for about 5 days.
3. Change the band-aid if it becomes soiled or wet.
4. Place an **ice pack** to the site for **twenty minutes of every hour** for four hours, when you arrive home.

## Common Side Effects:

You should expect some discomfort for several days after your procedure. **An ice pack to the injection site may be helpful for the first 12 hours, then gentle heat afterward.** Take your usual pain medications prescribed by your physician as needed.

## Notify the Interventional Radiology office at 615-986-6411 if any of the following occurs:

1. Bleeding or swelling at the needle site. Any unusual pain in the entry site or in region treated.
2. Fever above 101°, or any redness or drainage at the needle site, as an infection could be developing.
3. Any change in color or temperature at the entry site. (A small bruise may be a normal occurrence.)
4. Any persistent or new pain after several days or weakness in the legs, increasing severe pain, inability to walk, profound weakness or loss of bladder or bowel control.
5. If any of these signs occur or if you have any questions following the procedure, call **615-986-6411**, or the on-call service at **866-236-3572**. An Interventional Radiologist will contact you.

## General Information:

1. Call your physician for a follow-up appointment. The results of your procedure will be sent directly to your referring physician.
2. **For any questions regarding your examination or problems you notice after leaving, please call Premier Radiology Briarville at 615-986-6411.**

Thank you for allowing us to participate in your healthcare needs.

*These discharge instructions have been explained to the patient. The patient or the person responsible for the patient fully understands these instructions.*

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

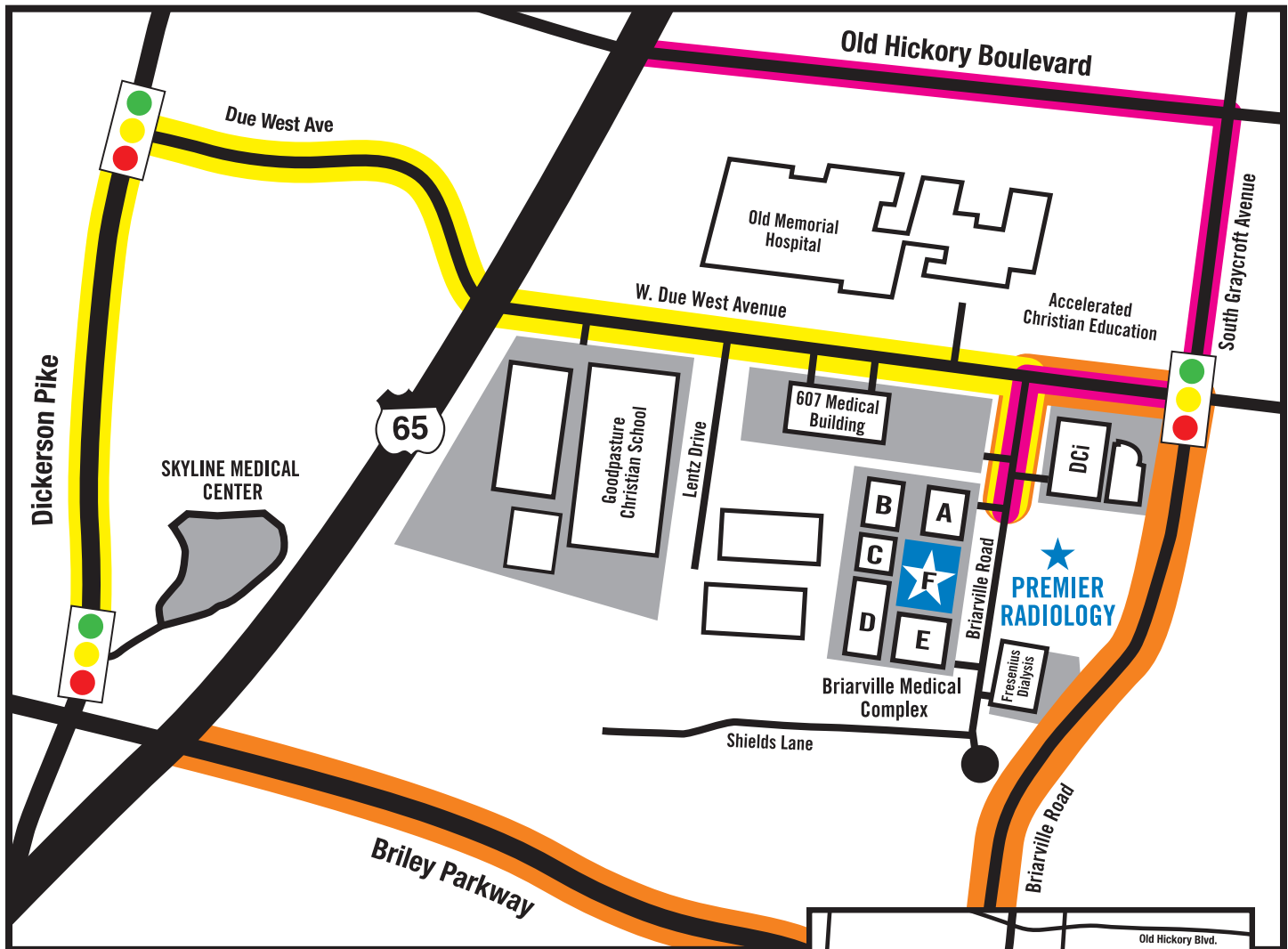
Signature of person giving instructions: \_\_\_\_\_

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**FROM SKYLINE MEDICAL CENTER:** Exit the center by turning right onto Dickerson Pike at the traffic light. Follow Dickerson Pike to Due West Avenue (.9 miles). Turn right at the traffic light onto Due West Avenue. Travel 1.5 miles to Briarville Road. (Once you cross over I-65, it will be the 2nd road on the right). Turn right onto Briarville Road. Turn right at the 4th driveway into the Briarville Medical Complex. Premier Radiology is in Building F with a blue awning over the door.

**FROM I-65 NORTH FROM NASHVILLE:** On I-65 North take Briley Parkway (TN-155) East toward Opryland. Continue .4 miles and take exit 15A Briarville Road. Drive .8 miles to the intersection of W. Due West Avenue and South Graycroft Avenue. Turn left at the traffic light. In 325 feet take the first left onto Briarville Road. (This is between the DCi building and the 607 Due West Medical Building). Turn right at the 4th driveway into the Briarville Medical Complex. Premier Radiology is in Building F with a blue awning over the door.

**FROM I-65 SOUTH FROM HENDERSONVILLE:** On I-65 South take exit 92 Old Hickory Boulevard toward Madison. Turn left at the traffic light at the top of the ramp. Drive .4 miles to the traffic light at South Graycroft Avenue. Turn right onto South Graycroft Avenue. Continue straight for 1.1 miles to the intersection of South Graycroft Avenue and W. Due West Avenue. Turn right at the traffic light onto W. Due West Avenue. In 325 feet, turn left onto Briarville Road. (This is between the DCi building and the 607 Due West Medical Building). Turn right at the 4th driveway into the Briarville Medical Complex. Premier Radiology is in Building F with a blue awning over the door.



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# Forteo Prescription Information

As part of our comprehensive fracture care strategy, you may be started on Forteo to treat your osteoporosis. We will send your prescription through Diplomat Specialty Pharmacy

If you have any further questions about your Forteo treatment, please contact Diplomat Specialty Pharmacy at 877-575-7762, option 4.

You are advised to take Calcium and Vitamin D daily while you take Forteo.

**The Recommended Daily Amount of Calcium is**

1000 mg daily for ages 19-70.

1200 mg daily for females, ages 51-70.

1200 mg daily for ages 71+.

**The Recommended Daily Amount of Vitamin D is 600 IU daily.**

Patient Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



# Information/Details about your Condition

## Kyphoplasty

Previous imaging studies, date, location: \_\_\_\_\_

Where do you have pain? \_\_\_\_\_

Does it radiate?  Yes  No If yes, where? \_\_\_\_\_

Describe how it feels (sharp, knife-like, cramping, burning, aching, dull): \_\_\_\_\_

When did this start - suddenly or gradually? \_\_\_\_\_ Duration \_\_\_\_\_ days, weeks, months, years.

Did you have a fall or other injury? \_\_\_\_\_

How much pain do you have at rest? 1 2 3 4 5 6 7 8 9 10 (*circle*) \_\_\_\_\_

What makes your pain the worst? \_\_\_\_\_

How much pain do you have at the worst? 1 2 3 4 5 6 7 8 9 10 (*circle*) \_\_\_\_\_

What makes the pain better (rest, movement, medicine)? \_\_\_\_\_

What activities are now limited due to your pain? \_\_\_\_\_

Do you take pain medications for this? \_\_\_\_\_

Have you had Physical Therapy?  Yes  No Have you worn a brace?  Yes  No

Do you have any infection at this time?  Yes  No. Taking antibiotic?  Yes  No \_\_\_\_\_

Do you have any history of cancer?  Yes  No If yes, where? \_\_\_\_\_

Have you ever had a fracture of your spine or hip?  Yes  No If yes, where? \_\_\_\_\_

Do you have osteopenia or osteoporosis?  Yes  No \_\_\_\_\_

Do you chronically take steroids?  Yes  No \_\_\_\_\_

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# Patient Consultation Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex  Male  Female

Referring MD: \_\_\_\_\_ Primary Care MD: \_\_\_\_\_

Phone contact information: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Describe why you are here today or what is your current problem?

\_\_\_\_\_

Tell us more about your current problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES** (please list medicine allergies): Latex allergy?  YES  NO Nickel allergy?  YES  NO

\_\_\_\_\_

Have you, or has anyone in your family, ever had a reaction to sedation or anesthesia?  YES  NO

If yes, describe: \_\_\_\_\_

**CURRENT MEDICATIONS** (BRING ALL MEDICATIONS and list current medications and dosages below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last flu vaccine: \_\_\_\_\_ Date of last pneumococcal vaccine: \_\_\_\_\_

**SOCIAL HISTORY** (things about you that will help us understand your medical problem): **PLEASE CHECK**

Smoking:  YES  NO If yes, please describe how long/how much: \_\_\_\_\_

If you have quit smoking, when: \_\_\_\_\_

Alcohol:  YES  NO If you have quit, when: \_\_\_\_\_

Recreational drugs:  YES  NO  In the past: \_\_\_\_\_

Caffeine cups per day: Please give amount: \_\_\_\_\_

Marital status: (check one)  Single  Married  Widowed. Do you live alone?  YES  NO

Occupation: \_\_\_\_\_

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**PRIOR IMAGING:** Have you had recent imaging exams (ultrasound, CT, MRI)?

Please list type and location: \_\_\_\_\_

**PAST MEDICAL HISTORY** (Medical care or problems):

Heart attack or rhythm problems	YES	NO
Pacemaker	YES	NO
Diabetes - treated with pills	YES	NO
Diabetes - treated with insulin	YES	NO
High blood pressure	YES	NO
Bleeding disorders	YES	NO
Stroke	YES	NO
Stomach or colon problems	YES	NO
Lung disease (cancer or emphysema)	YES	NO
Kidney disease	YES	NO
Mental/emotional disorder	YES	NO
Liver/jaundice/hepatitis	YES	NO
Vascular problems	YES	NO
Cancer	YES	NO
Musculoskeletal	YES	NO
Endocrine/Thyroid	YES	NO
Sleep Apnea	YES	NO
Other:		

**REVIEW OF SYSTEMS** (Past or current medical issues): *Please circle*

<b>General:</b>	Weight loss or gain	Fever	Chills
<b>Neurological:</b>	Headache	Confusion	Speech changes
<b>Psychological:</b>	Anxiety	Depression	
<b>Skin:</b>	Rash	Edema (swelling)	Bruising
<b>Ears, Nose, Throat:</b>	Hearing loss	Visual changes	Visual loss
<b>Heart &amp; Vessels:</b>	Chest pain	Irregular heart beat	Leg edema (swelling)
<b>Lungs &amp; Breathing:</b>	Problems at rest	Problem with exercise	Problem with lying flat
<b>Stomach &amp; Bowels:</b>	Vomiting or nausea	Diarrhea or constipation	Blood in stool
<b>Kidneys &amp; Bladder:</b>	Frequent urination	Painful urination	Bloody urine
<b>Muscles &amp; Bones:</b>	Leg pain with movement-R or L	Leg pain with rest-R or L	Arthritis
<b>Other:</b>			
<b>Other:</b>			

**FAMILY HISTORY:** (Please list all known major family medical history).

Problem	Father	Mother	Brother or Sister	Describe
Heart Disease				
Stroke				
Abdominal Aneurysm				
High Blood Pressure				
Cancer <i>(location under other)</i>				
Other:				
Other:				
Deceased or Alive? Age?				

**PAST SURGICAL HISTORY:** (Please list prior surgeries with approximate dates).

	YES	NO	Dates
Heart surgery	YES	NO	
Back surgery	YES	NO	
Knee or hip surgery	YES	NO	
Aortic surgery (aneurysm treatment)	YES	NO	
Leg bypass surgery for artery disease	YES	NO	
Carotid artery surgery (neck artery)	YES	NO	
Aneurysm treatment with coils inside of head	YES	NO	
Gallbladder or colon	YES	NO	
Uterus and/or ovaries	YES	NO	
Other:			
Other:			
Other:			

How did you learn about Premier Radiology Briarville?

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**NURSING ASSESSMENT** (to be completed by your nurse):

**Vitals:**

T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP(R): \_\_\_\_\_ BP(L): \_\_\_\_\_

Oxygen Sat%: \_\_\_\_\_ on room air. Oxygen Sat% \_\_\_\_\_ on: \_\_\_\_\_ LPM

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI: \_\_\_\_\_

**Labs:** Cr/GFR: \_\_\_\_\_ / \_\_\_\_\_ PT/INR: \_\_\_\_\_ / \_\_\_\_\_ Blood Glucose: \_\_\_\_\_

**Mental Status:**  Alert  Oriented  Confused **Deficits:**  Visual  Hearing  Speech

**Airway:**  Normal  Limited neck movement  Dentures  Carotid Bruit: R L

**Lungs:**  Clear  Rales  Rhonchi  Wheezes

**Heart:**  Regular  Murmur

**Abdomen:** Bowel Sounds  Yes  No Masses  Yes  No Bruit  Yes  No

**Leg strength:**  Normal  Weak \_\_\_\_\_

**Arm strength:**  Normal  Weak \_\_\_\_\_

**Patellar Reflexes:** \_\_\_\_\_

**Pain with straight leg raises?:**  Yes  No \_\_\_\_\_

**Pre-procedure Pulses:**

Right	Femoral	PT	DP	Radial
Value: +3 to doppler				
Left	Femoral	PT	DP	Radial
Value: +3 to doppler				

Women: Date of last menstrual period: \_\_\_\_\_ Pregnancy possibility?  Yes  No

Confirm cessation of blood thinners or antiplatelet agents:  Yes  No \_\_\_\_\_

Driver available for transportation:  Yes  No \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASA PHYSICAL STATUS CLASSIFICATION SYSTEM**

1. Healthy person.
2. Mild systemic disease.
3. Severe systemic disease.
4. Severe systemic disease that is a constant threat to life.
5. A moribund person who is not expected to survive without the operation.
6. A declared brain-dead person whose organs are being removed for donor purposes.

**MALLAMPATI SCORE: I II III IV**

- BMI CATEGORIES:**  
Underweight = < 18.5  
Normal weight = 18.5 - 24.9  
Overweight = 25-29.9  
Obesity = BMI of 30 or greater