

ASCENSION ST VINCENTS DISCOGRAM PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- An image-guided lumbar discogram is performed to help evaluate chronic low back pain by determining whether one or more spinal discs are the source of your symptoms.
- During the procedure, a radiologist uses X-ray or CT imaging to precisely guide small needles into the lumbar discs. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. Contrast material is injected into each disc to assess disc structure and to see whether the injection reproduces your typical pain. Your responses help identify which disc(s) may be causing symptoms.
- CT imaging is usually performed after the injections to further evaluate the discs.
- The procedure usually takes 45-90 minutes (sometimes longer). You will then be observed for period of time to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.

Benefits:

- Helps identify which spinal disc(s) may be causing your back pain.
- Imaging allows the radiologist to precisely target each disc.
- Provides important diagnostic information to help guide treatment or surgical planning.
- Minimally invasive procedure performed using small needles.
- Can help avoid unnecessary surgery by better defining the pain source.
- Most patients tolerate the procedure well and return to normal activities shortly afterward.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, blood vessels, spinal cord or nerves can occur but is uncommon.
- Temporary numbness, tingling, or weakness can occur if nearby nerves are irritated.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- MRI or CT imaging alone to evaluate the spine.
- Conservative (non-surgical) management, including medications, physical therapy, or activity modification.
- Other spine injections or diagnostic procedures in select cases.
- Surgical evaluation without discogram in certain situations.
- Some patients choose no further evaluation; however, this carries the risk of persistent symptoms or delayed diagnosis and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site. You may remove the bandage 24 hours after your procedure.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.
- If you were provided with an ice pack, apply it to the site periodically for 15–30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; a faster-than-normal heart rate; headache that worsens when standing; new weakness, numbness, or tingling in your arms or legs; or difficulty urinating or having a bowel movement. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.

How Do I Receive Procedure Results?

- Results are typically available within 1-2 business days.
- Please contact your ordering provider's office to obtain results and for follow-up instructions.