ASCENSION ST VINCENTS
KYPHOPLASTY/VERTEBROPLASY PATIENT HANDOUT

Radiologist who performed your procedure: _____

Procedure Description:

- Image-guided kyphoplasty and vertebroplasty are procedures performed to treat painful compression fractures of the spine, most commonly caused by osteoporosis, trauma, or cancer.
- During the procedure, a radiologist uses X-ray or CT imaging to precisely target the fractured vertebra. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area.
- For a vertebroplasty, a special needle is placed into the fractured vertebra and medical cement is injected to stabilize the bone and reduce pain. The cement hardens quickly, providing internal support to the bone.
- For kyphoplasty, a small balloon is first inserted and gently inflated to create space within the vertebra and may help restore some of the lost height. The balloon is then removed, and medical cement is injected into the space to stabilize the fracture. The cement hardens quickly, providing internal support to the bone.
- The procedure usually takes 60-90 minutes, depending on the number of vertebrae treated. 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.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Benefits:

- Helps stabilize fractured vertebrae and reduce back pain.
- Imaging allows the radiologist to precisely target the treated vertebra.
- Minimally invasive procedures performed through small needle punctures.
- May improve mobility and ability to perform daily activities.
- Kyphoplasty may help restore some lost vertebral height in select cases.
- Usually provides rapid pain relief for many patients.
- May reduce the need for prolonged pain medication or more invasive surgery.
- Most patients tolerate the procedure well and go home the same day.

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.
- Leakage of bone cement outside the treated vertebra can occur and is usually asymptomatic but may rarely cause nerve irritation or other problems.
- Fracture of nearby vertebrae can occur over time.
- 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:

- Conservative (non-surgical) management, including pain medications, activity modification, back bracing, and physical therapy.
- Medical treatment of osteoporosis or other underlying conditions contributing to fracture.
- Surgical spine procedures in select cases.
- Some patients choose no further treatment; however, this carries the risk of persistent pain, reduced mobility, and delayed healing and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site. You may remove the bandages 24 hours after your procedure. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- 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.