

The Steward Centers for Pain Management

Frequently asked questions about discography

Discography

Discography is a diagnostic procedure in which X-ray contrast is injected into the discs of the spine. After the contrast is injected, an X-ray called a "discogram" is taken of the discs. The discogram may be normal, or it may show tears (fissures) in the lining of the disc. The results of discography are used to plan surgery or treatment.

Q. Who should not have discography?

A. You should not have discography if you:

- are allergic to any of the medications to be injected
- have an active infection going on
- have **not** tried simpler treatments such as activity restriction and anti-inflammatory medications.

If you are on a blood-thinning medication (e.g., Coumadin®, Plavix®, Ticlid®, RcoPro®, Aggrastst®, Integrilin®), please contact the Steward Centers for Pain Management prior to your appointment.

Q. What do I do to prepare for the procedure?

A. Arrange for a responsible adult to accompany you and drive you home after the procedure. Do not eat or drink after midnight, except for sips of water with medications. Arrive one half-hour before the appointment. Stop all aspirin products 14 days prior to scheduled procedure. Stop taking NSAIDs (Motrin, Aleve, Advil, ibuprofen, etc.) 48 hours before your procedure. Bring your MRI films and reports.

Q. How do I know if my pain is from a damaged disc?

A. With age or from an injury, the wall of the spinal discs can get cracks or tears (fissures). This condition is call *internal disc disruption* or *degenerative disc disease*. Also, the wall of the disc can weaken and bulge out, commonly called a herniated disc. When the disc causes pain, the pain is usually felt as a deep, aching pain in the back and sometimes in the buttocks and into the thigh. However, pain from facet joints in the back and from the sacroiliac joints can be in the same location and feel the same. The best way to tell if the pain is from a damaged disc is with discography.

Q. How is discography performed?

A. Discography is done in the procedure room with fluoroscopic (X-ray) guidance. For lumbar discography (discs in the low back), it is done with you lying on your stomach. For cervical discography (discs in the neck), it is usually done with you lying on your back.

There will be an anesthesiologist or a nurse present during the procedure to monitor you and administer intravenous sedation to help you be comfortable and relaxed. You are watched closely with an EKG monitor, blood pressure cuff and blood oxygen-monitoring device. The skin over the injection site(s) is cleaned with an antiseptic solution and then the injections are carried out. After the injection, you are placed on your back or on your side.

Q. What will I feel during the injection?

A. When a normal disc is injected, you will feel a sense of pressure, but not pain. When an abnormal disc is injected, you will feel pain. It is important to try to tell if the pain you are feeling is your usual pain or different. With each disc injected, you will be asked if it is painful, where you feel the pain and whether it is in the same area as your usual pain.

Q. How many discs will be injected?

A. Based on your symptoms and your MRI, we will identify which discs we suspect are causing your pain. These discs will be injected. In addition, we inject a normal disc to serve as a reference point.

Q. How long does a discography take?

A. Discography takes about 30 to 45 minutes, depending on how many levels are injected.

Q. What is actually injected?

A. The injection consists of X-ray contrast. It is usually mixed with some antibiotics to prevent infection. If you have had a history of allergic reactions to X-ray contrast, iodine or shellfish, call the Pain Center prior to your visit.

Q. Will the injection hurt?

A. The procedure involves inserting a needle through skin and deeper tissues, similar to tetanus shot, so there is some discomfort involved. However, your doctor will numb the skin and deeper tissues with a local anesthetic using a very thin needle prior to inserting the needle into the disc. Most of the patients also receive intravenous sedation and analgesia, which makes the procedure easy to tolerate.

You may have a flare-up of your back pain after the injection, but this gets better in a day or two and can usually be managed with ice packs and oral pain medication.

Q. Will I be "put out" for this procedure?

A. No. This procedure is done under local anesthesia. Injection of a medicine like novocaine or lidocaine is performed to numb the skin. Most of the patients also receive intravenous sedation and analgesia, to help them relax and make the procedure easier to tolerate. The amount of sedation given depends upon the patient. You can be sleepy while the needles are placed. However, during the discogram injections, you need to be awake enough to tell the doctor what you are feeling.

Q. Will my pain be better after the injection?

A. No. Discography does not treat your condition. It is a diagnostic test that allows your doctors to plan your therapy.

Q. What should I do after the procedure?

A. You will need a ride home. We advise the patients to take it easy for a day or so after the

procedure. You may need to apply ice to the affected area for 20-30 minutes at a time for the next day. Perform the activities as tolerated by you.

Q. Can I go to work the next day?

A. We usually recommend taking 2 days off work after the injection.

Q. What are the risks and side effects of discography?

A. Generally speaking, this procedure is safe. However, with any procedure there are risks, side effects, and possibility of complications. The most common side effect is pain, which is temporary. Sometimes, the discogram needle brushes past a nerve root and the nerve root is irritated. This pain almost always gets better quickly. The other risks involve infection, bleeding, paralysis, and worsening of symptoms. Fortunately, the serious side effects and complications are uncommon.

If you have questions, be sure to ask your doctor or other member of your pain management team.

www.steward.org/painmanagment