

Discography

1. What is a Discogram?

A discogram, also known as disc stimulation, is a brief outpatient diagnostic procedure that is performed in order to identify painful discs in the spine. This procedure is purely diagnostic in that it will only help your physician to determine if one of the discs in your spine is responsible for your typical pain symptoms. Discography will do nothing to improve pain, and in fact patients are advised to expect a temporary increase in pain for one or more days after this procedure.

2. Why is a discogram done?

Although an MRI or CT scan can strongly suggest which disc might be generating pain, these studies do not always precisely identify the pain generator. A disc can appear abnormal on a scan, but it may not be causing pain. Furthermore, some patients have more than one abnormal appearing disc on a scan, and the treating physician may want to determine if pain is coming from one or both of these abnormal appearing discs for the purpose of planning surgery or some other treatment.

Most patients who require a discogram have failed to improve with conservative treatments, including medications, physical therapy, and injection therapy. Since your doctor wants to address all of the painful discs in your spine, a discogram has been recommended. Once the painful disc is identified, it can then be treated.

Treatment options for a painful lumbar disc can include minimally invasive intradiscal procedures like Percutaneous Disc Decompression or IDET (Intradiscal Electro-Thermal Coagulation). Alternately, surgical treatment may be indicated. The choice of treatment for a discogram-positive painful disc is determined by a number of factors that your doctor will discuss with you when the time is appropriate.

3. How is this procedure done?

Discography is a relatively brief 20-30 minute outpatient, X-Ray guided procedure that is performed under local anesthesia. Sterile technique is utilized to minimize the risk of infection. You will be lying on your stomach during the procedure, just as you may have done with an epidural steroid or facet joint injection procedure. For a lumbar discogram, two to four discs are typically studied. The physician numbs the skin and soft tissue overlying each disc with a local anesthetic like Lidocaine. The doctor will then place a small needle into the center of each disc and inject some radio-opaque dye. An X-Ray is then taken to view the disc anatomy and to see if the dye leaks out of the disc. In addition, the pressure within each disc is measured during and after dye injection. Most importantly, the patient's response during dye injection will tell the physician if he is reproducing that patient's typical pain symptoms, different pain symptoms, or no pain at all. Occasionally a CT scan is obtained immediately after the discogram to look more closely at the pattern of dye spread through the disc. CT can be helpful in diagnosing a tear or disruption in the outer layer (annulus fibrosis) of a disc. All of this information is used to determine if a patient has a painful disc and which treatment is appropriate.

4. Does this procedure hurt?

If the cause of your typical symptoms is a painful disc in your spine, then this pain will likely be reproduced during disc stimulation. It is extremely important for you to be awake enough to tell your doctor what you are feeling during this procedure. Patients who are sedated or drowsy during disc stimulation may be unable to provide the physician with reliable information during disc stimulation. Therefore, in order to preserve the validity of discogram results and to ensure that the correct information is gathered for treatment decision-making, very little or no sedation is administered during this procedure.

5. What should I do to prepare for my procedure?

On the day of your injection, you should not have anything to eat or drink for at least four (4) hours before your scheduled procedure. **You must have someone available to drive you home.** If possible, you should shower and use an antibacterial soap like Lever 2000 before your procedure. If you usually take medication for high blood pressure or any kind of heart condition, it is very important that you take this medication at the usual time with a sip of water before your procedure.

If you are taking any type of medication that can thin the blood and cause excessive bleeding, you should discuss with your doctors whether to discontinue this medication prior to the procedure. These anticoagulant meds are usually prescribed to protect a patient against stroke, heart attack, or other vascular occlusion event. Therefore the decision to discontinue one of these medications is not made by the pain management physician but rather by the primary care or specialty physician (cardiologist) who prescribes and manages that medication. Examples of medications that could promote surgical bleeding include Coumadin, Plavix, Aggrenox, Pletal, Ticlid, and Lovenox.

6. What should I expect after the procedure?

Most patients will experience a mild to moderate increase in back pain after discography. This typically lasts for a day or two, and then the pain will return to baseline.

7. What should I do after my discogram?

Following discharge home, you should plan on simple rest and relaxation. If you have pain at the injection sites, application of an ice pack to these areas should be helpful. You should not drive a car for at least one full day. Patients are generally advised to go home and not return to work until the next day.

8. Could there be side effects or complications?

Modern medicine has improved safety with every aspect of patient care, but there is no guarantee of a perfect outcome with any test or procedure. Fortunately the side effect and complication profile for discography is very low. The doctor will discuss this issue with you before the procedure.

9. Do I ever have to have a discogram done again?

Probably not. Discography is generally a one-time experience. The results of this test will usually be either positive or negative. A patient's treatment plan is often solely determined by the results of this procedure. Your doctor will let you know what was found during the procedure as well as the next step in your treatment plan.