Lumbar Discography

What are the discs? The discs are soft, cushion-like pads that separate the bones of the spine. A disc may be painful when it bulges, herniates, tears or degenerates and may cause pain in the neck, mid-back, low back and arms, chest wall, abdomen or legs. Other structures in the spine may also cause similar pain such as the muscles, joints and nerves. Before performing discography, it has usually been determined that these other structures are not the sole source of pain.

What is discography and why is it helpful? Discography confirms or eliminates the disc(s) as a source of pain. During this procedure, a needle is placed into the discs themselves under x-ray guidance and contrast (dye) is injected. CT and MRI scans only demonstrate anatomy and cannot absolutely prove a patient's pain source. In some instances, the discs may be abnormal on MRI or CT scans but not a source of pain. Discography can tell if the disc(s) themselves are a source of pain. Therefore, discography is done to identify painful disc(s) and help the surgeon plan the correct surgery or avoid surgery that may not be beneficial. Discography can also be used to determine the appropriate discs for IDET (intradiscal electrothermal therapy). Discography is usually done only if a patient's pain is significant enough for them to consider surgery or IDET.

General Pre-Injection Instructions: Be sure to tell your doctor if you have an allergy, particularly to iodine. If you will be receiving sedation, you should NOT eat the morning of the procedure. If a patient is an insulin dependent diabetic and receiving sedation, they may need to change their morning dose of insulin to account for not eating the morning of the procedure. Patients may take their routine medications (i.e., high blood pressure and diabetic medications, e.g. Glucophage). Patients should continue to take pain medications or anti-inflammatory medications the day of their procedure. If a patient is on Coumadin or another blood thinner, they should notify the doctor so an appropriate plan can be made for stopping the medication before the procedure. Although not mandatory, we generally recommend that a driver should accompany the patient and be responsible for getting them home.

What happens during the procedure? An IV is started so that antibiotics (to prevent infection) and relaxation medication can be given. The patients lie on their back for cervical discography and on their abdomen for lumbar discography. The skin on the neck or back is scrubbed using sterile soap. Next, the physician numbs a small area of skin with numbing medicine. This medicine stings for several seconds. After the numbing medicine is given time to be effective, the physician directs a small needle using x-ray guidance into the disc spaces. Patients generally feel temporary discomfort as the needle passes through the muscle or near a nerve root. The physician may perform this at more than one disc level. After the needles are in position, a small amount of contrast (dye) is injected into each disc. The patient must tell the physician whether the injection causes pain, and if so, whether it is the usual type of pain.

What happens after the procedure? Patients are usually given a prescription for antibiotics to take for a few days following the procedure. There may be some muscle discomfort after this procedure. The pain may even increase after the procedure. There may be some temporary hoarseness after a cervical discography. The results of the discography will be sent to the referring physician within 24 hours. Patients may return to their normal activities on the day after the procedure. Driving is discouraged on the day of the procedure.