Discography

What are the discs?
The discs are soft, cushion-like pads, which separate the hard vertebral bones of the spine. A disc may be painful when it bulges, herniates, tears or degenerates and may cause pain 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 in a patient (through history and physical examination, review of x-rays, CT's/MRI's and/or diagnostic injection procedures such as facet injections, sacroiliac joint injections and/or nerve root blocks).

What is discography and why is it helpful?
Discography confirms or denies the disc(s) as a source of pain. This procedure involves the placement of a needle into the discs themselves, utilizing x-ray guidance and injecting contrast (dye). CT's and MRI scans only demonstrate anatomy and cannot absolutely prove a patient's pain source. In many instances, the discs may be abnormal on MRI or CT scans but not a source of pain. Only discography aids in telling if the disc(s) 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 is usually done only if a patient’s pain is significant enough for them to consider surgery.

What happens during the procedure?
An IV is started so that antibiotics (to prevent infection) can be given prior to the procedure. The patients lie on their stomach on the x-ray table for discography. You vital signs will be monitored with EKG, blood pressure and oxygen monitoring devices. The skin on the back is cleansed with a sterile solution called Betadine. Next, the physician injects a small area of skin with numbing medicine. This medicine stings for several seconds. After the numbing medicine has been given time to be effective, the physician directs a small needle, using x-ray guidance into the disc(s) space. Patients generally feel temporary discomfort as the needle passes through the muscle or near a nerve root. After the needles are in their proper locations, a small amount of contrast (dye) is injected into each disc.

IV (Intravenous) Conscious Sedation
Medication will be given during the procedure through the IV to make it easier for you to tolerate the procedure by helping you to relax and be less anxious. The medication will not “put you to sleep”. You will be able to breathe on your own and respond verbally and physically. This type of medication does involve some potential risks: allergic reaction, slow breathing, low blood pressure, slurred speech, extreme drowsiness. Severe response could include stopped breathing or unarousable sleep.

What happens after the procedure?
After the disc(s) are injected, patients are taken to the recovery area where they are monitored for a period of time. A CT scan will be ordered post procedure to be performed at Bethesda North Outpatient Imaging. A detailed report will be forwarded to the patient’s physician.

General Pre/Post Instructions
Patients may eat a light meal before the procedure. If a patient is an insulin dependent diabetic, they should take their insulin and eat. Patients may take their routine medications. (e.g. high blood pressure and oral diabetic medications). If you are on Coumadin (Warfarin), Plavix (Clopidogrel), Lovenox, Pletal (Cilostazol), Effient (Prasugrel), Teclid (Ticlopidine), or Pradaxa (Dabigatran), notify the office so that special instructions may be given. If you are allergic to iodine, contrast, or medical dye, please inform the office. Patients can expect to be at the facility approximately 3 hours. A driver must accompany the patient and be responsible for getting them home. No driving is allowed the day of the procedure. Patients may return to their normal activities the day after the procedure, including returning to work unless instructed otherwise by the physician.