



S O U T H W E S T
Spine & Sports

Provocative Discography

What is provocative discography?

Provocative discography is also termed discography or discogram. Provocative discography is a diagnostic test to help identify the source of pain. Physiologic information is gathered by assessing the patient's pain response during the test. Additionally, anatomical information is obtained by correlating pain response, if obtained, with imaging seen on fluoroscopy (X-ray) during the study. Often a post-discography CT scan is obtained to further study the internal architecture of the disc.

Why do I need a discogram?

This procedure is reserved for patients who have not responded to medications and conservative treatments, such as physical therapy, and for potential candidates of further treatments such as IDET, nucleoplasty or other surgical procedures. The discogram deliberately provokes your pain symptoms in order to pinpoint their source in the intervertebral discs. The procedure is designed to create a roadmap to show the physician where pain patterns are originating, making the discogram an excellent planning tool.

What is the typical procedure?

Once your provider determines you are a candidate for a discogram, an appointment will be made for you in an outpatient surgery center. You are generally given an intravenous medication to help you relax for the procedure. You will be watched closely with an EKG monitor, blood pressure cuff and blood oxygen monitoring device. You will **not** be asleep during the procedure. A local anesthetic will then be injected into the skin in the area that is being examined. A needle is inserted through a previously placed needle in the skin and into the disc under fluoroscopy (X-ray). A contrast solution with antibiotic is injected into the disc or discs to be examined. A CT scan is usually performed after the dye is injected to obtain images of the dye distribution. This may demonstrate annular tears, scarring, disc bulges, and changes in the nucleus of the disc. The discogram procedure can detect problems within intervertebral discs that may appear normal on MRI films.

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What will I feel during the injection?

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 tell your doctor if the pain you are feeling is your usual pain or if it is different. With each disc injected, you will be asked if it is painful, where you feel pain, and whether it is in the same area as your usual pain.

How many discs will be injected?

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 control.

What is actually injected?

The injection consists of X-ray dye and an antibiotic to prevent infection. A local anesthetic may be injected as part of the study or afterwards to help relieve pain. There may be injection of a small amount of steroid into the disc at the conclusion of the procedure to also help with inflammation and pain control.

How long does the procedure take?

Typically the procedure takes about 45 minutes. If a follow up CT is ordered, that will take an additional 30 minutes. You will typically be at the procedure center for at least three hours.

What are the risks of discography?

As with any procedure, there are some inherent risks, although most of these are minimal. Common risks include but are not limited to bruising, bleeding, headaches, irritation of a nerve or nerve injury, including paralysis, numbness and weakness. Risks also include infection or reactions to the medications which may cause breathing difficulties and cardiac difficulties which may lead to death. An infection could require the use of antibiotics and/or surgery. Serious risks and complications are extremely rare, however.



Small needles are guided into the intervertebral discs under fluoroscopy for the discography. A contrast material will show abnormalities of the disc.

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Pre-Procedure Instructions for Discography

- Please stop all aspirin, aspirin products, and all nonsteroidals – except Celebrex– 5 days before the procedure. Examples of nonsteroidals that need to be stopped are: **Motrin, Advil, Naprosyn, Aleve, Indocin, Lodine, Orudis, Relafen, Daypro, Tolectin, Mobic, Torodol, Voltaren, Trilisate, Dolobid, Arthrotec, and Clinoril.**

If you have questions regarding these types of products or their discontinuation, you should discuss this with one of our staff.

- If you take fish oil or Vitamin E supplementation, please stop these 5 days prior to the injection.
- If you take **Coumadin, Heparin, Lovenox, Warfarin, Orgaran, Innohep, Fragmin, Argatroban, Plavix, ReoPro, Ticlid, Trental, Persantine,** or any other **blood thinner,** notify your doctor. This medication must be discontinued prior to an injection and requires permission from the provider prescribing it.
- Do not eat 4 hours or drink 2 hours prior to the procedure. You may take routine a.m. medications with a small amount of water.
- You may be requested to obtain laboratory work and an EKG prior to your procedure. This will be discussed and ordered, if necessary, at the pre-procedure appointment with your provider.
- For your safety, you must have a responsible adult to drive you home. Failure to have a driver may result in the cancellation of your procedure. Taxis are not permitted.
- A representative from this office will be calling you following your procedure to see how you are doing. If you have any problems, please contact this office.
- You will need to schedule a follow-up appointment for approximately 10 days to 2 weeks after your procedure.

Date of procedure: _____ Arrive at: _____ a.m./p.m.

<p>Gateway Surgical Center 690 N. Cofco Center Court Suite 150 Phoenix, AZ 85008 (602) 288-4441</p>	<p>NSASC 9439 E Ironwood Square Dr. Suite 100 Scottsdale, AZ 85258 (480) 355-3750</p>	<p>Scottsdale Pain Center 10200 N. 92nd St. Medical Plaza IV, Suite 140 Scottsdale, AZ 85260 (480) 860-3911</p>
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Post Provocative Discography Instructions and Follow-up Orders

Your activity level following your injection should be at the following levels:

Day of Injection: We recommend no new activities. You should rest the evening of the procedure. You can participate in all previous activities, but do this at a level of 25% of your usual effort. Avoid sustained sitting or standing and alternate your positions on a regular basis (about every 20 minutes). Most patients notice increased soreness for 24-48 after the procedure.

Day 2: 25% to 50% of your usual activity level.

Day 3: Up to 75% of your usual activity level.

Day 4: After Day 4, activity is unrestricted as tolerated. If your physician gives you specific instructions or you have physical therapy, please follow these.

- **Diet:** Return to your normal diet as tolerated.
- **Medications:** ■ Resume aspirin and other anticoagulants the first day after the injection.
■ Resume your other medications as per your physician's previous directions.
- Should you have fever, chills, drainage, excessive swelling or redness from the injection site, bladder or bowel dysfunction, or change in sensation or muscle strength, please contact our office immediately. If you cannot reach your physician, please present to the nearest emergency room.
- The dressing may be removed after 24 hours.
- You may shower immediately, but please avoid swimming or baths/Jacuzzis/hot tubs for the first 2 days after the procedure due to increased risk of infection.
- You may use ice compresses over the injection site – 20 minutes on, then 20 minutes off. Repeat this cycle as required. Do not use gel packs since these can cause skin injury. Do not apply the cold packs to the numb areas following injection.
- Common side effects following the procedure include:
 - Decreased pain and possibly some numbness for 4-8 hrs. due to the local anesthetic.
 - Pain at the injection site.
 - A small amount of bleeding at the injection site.
 - Back stiffness.
 - If a steroid medication was used during the procedure, possible side effects include facial flushing, insomnia, and occasionally a low-grade fever.

All of the side effects listed should disappear within 1 to 3 days after the procedure.

- If you experience a post-procedure headache, please contact our office. For the first 24 hours, lie down as much as possible. You can take Tylenol up to 3 grams per day in doses of 1 gram every 8 hours. Drink plenty of fluids in the form of caffeinated beverages. The caffeine will often minimize the headache substantially. If you continue with headaches after 24 hours following the procedure, please contact our office.

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