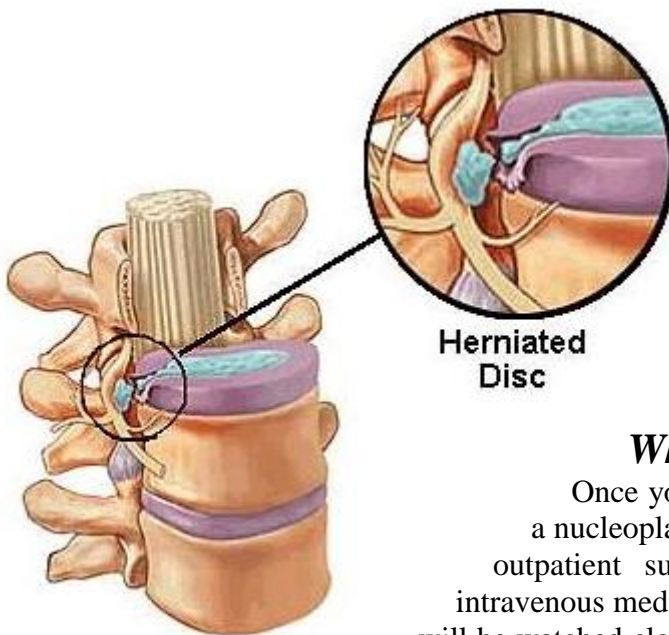




Nucleoplasty

What is Nucleoplasty?

Nucleoplasty is a minimally invasive procedure for percutaneous disc decompression that uses radiofrequency based technology to ablate and coagulate soft tissue to decompress contained herniated discs. This causes the disc herniation to reabsorb, taking pressure off the exiting spinal nerves.



Why do I need a Nucleoplasty?

This procedure is reserved for patients who have not responded to medications and conservative treatments, such as physical therapy and epidural injections. The nucleoplasty is a type of procedure that can help resolve your symptoms by decompressing your disc herniation, and possibly help avoid surgery.

What is the typical procedure?

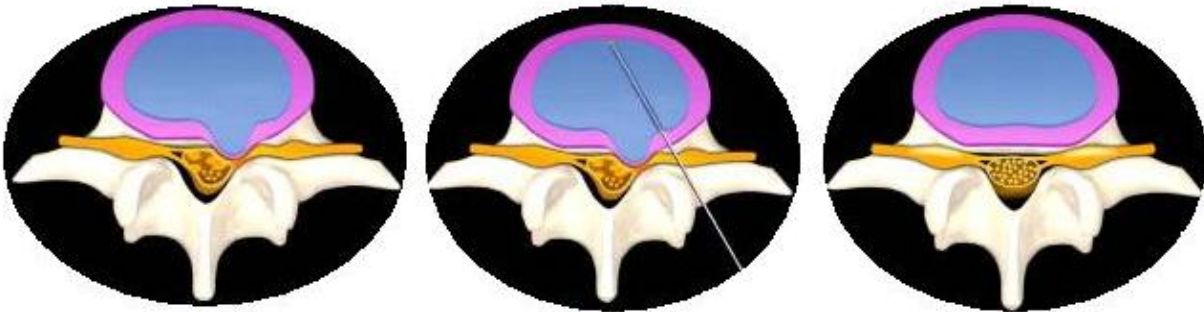
Once your provider determines you are a candidate for a nucleoplasty, an appointment will be made for you in an outpatient surgery center. You are generally given an intravenous medication to help you relax for the procedure. You will be watched closely with an EKG monitor, blood pressure cuff and blood 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 in the skin and into the disc under fluoroscopy (X-ray). A specialized device will then be introduced through the needle and into the disc. The device is then advanced and withdrawn to its original position, creating a series of small channels. The device and needle are then removed and a small dressing is placed at the injection site.

Is this procedure effective?

Yes, the nucleoplasty procedure appears to be reasonable and safe for selected patients with leg and/or back pain, with a 50% to 80% chance for significant ongoing pain relief.

What will I feel during the procedure?

You may feel minimal low back discomfort. During the actual decompression (heating), you may have a very mild reproduction of your usual back and leg pain.



How long does the procedure take?

Treating one disc typically takes 30 minutes, and 2 discs take about 60 minutes.

What are the alternatives to Nucleoplasty?

If you have back and leg (radicular) pain, the alternative treatments are medications, physical therapy, and epidural steroid injections. Your provider is most likely ordering a nucleoplasty because more conservative therapies have failed. You also have the option of surgical intervention.

What are the risks of Nucleoplasty?

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. Other 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.

Additionally, if the heating element of the catheter comes too close to a nerve root or is placed in the wrong spot, this could cause damage to a portion of the spinal cord. Because of this risk, the procedure is done under fluoroscopic guidance to ensure proper placement prior to and during the procedure. In addition, you are kept awake enough to respond and let us know what you are feeling.

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Pre-Procedure Instructions for Nucleoplasty

- 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.

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

- **Rest:** Rest in a comfortable position for the first 1-3 days (i.e. laying down or reclining), limit sitting or walking to 10-20 minutes at a time.
- **Driving:** Do not drive for the first 1-2 days.
- **Housework:** Do not bend or twist your lower back.
- **Lifting:** Do not lift more than 5 to 10 pounds for the first two days.
- **Chiropractor:** Do not have any chiropractic manipulation, massage, or traction for the first 1-2 weeks.
- **Exercise:** Begin to walk 20 minutes/day after 4-5 days.
Gradually increase walking to 20 minutes twice/day after 2-4 weeks if tolerated.
Gradually increase walking to 1 hour/day after 5-6 weeks.
Reduce duration of walking if back or leg pain increases.
You may gently stretch your legs with your back flat on the floor after 2-3 weeks.
Do not use stairmaster or treadmill for 6 weeks.
Do not swim for 2 weeks. You may rest in a pool after 48 hours.
You may begin physical therapy after 6 weeks.
- **Work:** Most people will return to work with restrictions after 1-2 weeks. The type of work you do determines when you will be able to return.
- **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 procedure 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.

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- You may use ice compresses over the injection site – 20 minutes on, then 20 minutes off. Repeat this cycle as required. Do not apply gel packs directly to skin 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 to 8 hours 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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