

Hampton Roads Radiology Associates

Patient Information

Diagnostic Lumbar Discogram

Your referring physician has requested that you have a diagnostic lumbar discogram. The following is a description of the procedure and potential complications, to better enable you to give informed consent prior to the procedure.

The following is a description of the procedure and a description of the potential complications. A lumbar discogram is an invasive procedure with some uncommon risks, so you will need to give informed consent. After local anesthesia, fluoroscopic (x-ray) guidance will be used to place needle(s) into the lumbar spine disc(s) to be studied. The discs will be individually studied by injecting contrast (x-ray dye), putting the discs under pressure individually. The appearance of the discs on the x-ray (fluoroscopic) image and your response to the injection will be monitored.

A discogram is the **ONLY** known way to study an individual disc. We will be trying to decide whether one or two of your discs are potential sources of the pain for which you went to your spine surgeon and because of which you are considering surgery. We are looking for the pain that you present with and will discuss your presenting pain extensively with you prior to the procedure. Because we are looking for your pain, we can not give any pain medication or sedative prior to the procedure. If you do not have oral pain medication available after discharge, a prescription for a 1 day supply of oral medication may be written for you by the performing physician at your discharge. Typically, 3 discs are studied but more may be studied. A CT is often done after the procedure and as long as no IM or IV pain meds are given, you can be discharged home immediately after the CT.

Most complications of lumbar discograms are uncommon and the procedure is very safe. You need to know the potential complications which include:

1. **BLEEDING.** As with all needle procedures, bleeding can occur. As long as you have no bleeding tendency and are not on any blood thinners such as Coumadin, bleeding complications are extremely rare. However, patients have had to undergo emergency surgery to relieve pressure on the nerve roots and spinal cord because of bleeding after needle procedures like discograms.
2. **INFECTION.** Any needle passing through the skin can introduce an infection which in discograms would be a discitis. This is an extremely painful condition and may occur in up to 1% of disc spaces studied. In general, you will receive IV antibiotics prior to the procedure and sterile technique will be used. The needle entering the disc actually does not pass through the skin, instead going through a guiding needle first. If it does occur, it may take months after the procedure to present. It is treatable by IV antibiotics but typically leads to fusion of the disc and may even require surgery.
3. **NERVE INJURY.** As the needles are placed into the disc, they course immediately adjacent to nerves that exit the spine. They are often irritated by the needle, causing severe sharp shooting pain/electric shock sensation down the leg on the side the needle is placed. This is common and resolves quickly as the needle is repositioned. Permanent injury to the nerve root is extremely rare.
4. **SPINAL HEADACHE.** Rarely, in order to access the lowest lumbar disc (L5/S1), the guiding needle needs to be placed first through the fibrous sac containing fluid and nerve roots instead of to the side of the spine. This is basically a lumbar puncture and then has a risk of spinal headache. Holes are made then in both the back and front of the fibrous sac in order to access the disc. If these holes do not close after the needle puncture the fluid inside can then leak out, and when severe, the brain loses the cushioning effect of the fluid which causes a severe headache when you sit or stand.

This occurs in up to 30-50% of patients that have a lumbar puncture of any kind. They typically occur about 2-3 days after the procedure and are positional; they come on when you sit or stand and go away when you lie down. If this type of puncture is used it is important that you follow instructions and stay at bedrest; getting up only to go to the bathroom for a full 24 hrs and drink plenty of fluids after the procedure. This is important to allow the small hole in the sac to heal. Again, in our practice this type of puncture is rare in discography. If you do develop a spinal headache, it is OK to treat yourself. As long as you do not feel ill and have no fever, and the headache goes away when you lie down, you may treat yourself with another 24 hrs of bed rest with bathroom privileges while drinking plenty of fluids. This almost always works. If it does not, contact the radiologist who performed the procedure or your referring physician, and a procedure can be performed in the hospital that has a very high success rate in treating spinal headaches. This procedure is done in around 1% or less of patients after a lumbar puncture, and is an epidural blood patch.

If you have any questions, please feel free to ask the physician performing the procedure prior to signing the consent form.