

Discography

What is it?

Discography [disk-AH-grah-fee] is a procedure used for diagnosing whether or not damaged discs in your spine are causing your neck or back pain. A doctor injects x-ray dye into several discs to identify those that are leaking and causing pain. As each disc is injected, you report to your doctor if you feel pain and the pain type and severity. These descriptions help your doctor diagnose the source of pain.

There are differing opinions among physicians related to accuracy of results and outcomes. Be sure to review the benefits and risks table on page 2 with your physician before having discography.

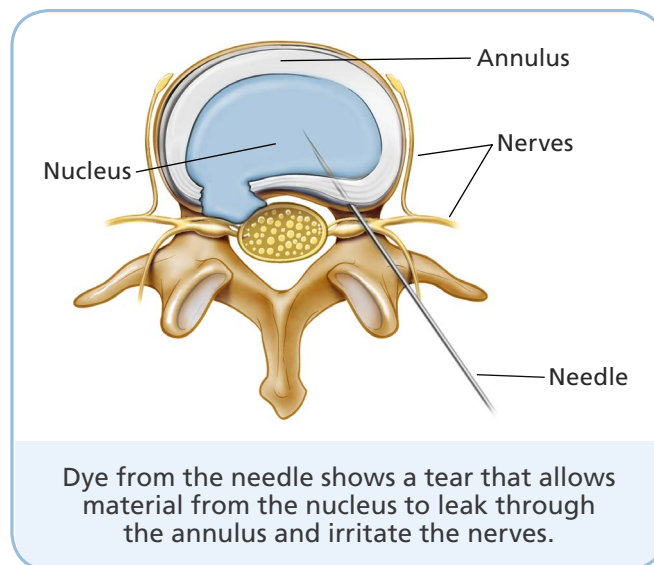
Why do I need it?

The bones (vertebrae) in your spine are separated by discs that cushion the vertebrae and allow them to move freely. If a disc is damaged, it can develop small tears in the outer ring (annulus). Material from the inside (nucleus) can then leak out and irritate surrounding nerves, sometimes causing back or neck pain.

While other tests can show if a disc is torn, they often can't show whether the torn disc is the cause of your pain. Discography can help your doctor know more about where the pain is coming from. This helps your doctor know if you need surgery and for which discs.

How do I prepare?

- **Food and drink.** You should not eat solid food after midnight the night before the procedure.
- **Medicine list.** Bring a list of all your current medicines with you to the hospital including over-the-counter medicines and vitamins. You may be asked to stop taking blood-thinning medicine such as Coumadin.
- **Current medical condition.** You may need to fill out some paperwork, including a consent form. Tell your doctor about any history of medicine or x-ray dye allergy, medical conditions such as diabetes, and infection at the injection site.



What happens during discography?

The discography procedure takes 30 to 60 minutes, and you will be awake and able to communicate the entire time. Your procedure will include the following:

- **Monitoring.** Monitoring devices may be attached to check your heart rate and breathing.
- **Sedative.** You may be given a sedative to help you relax.
- **Local anesthetic.** You'll be given a local anesthetic near the injection site to numb the skin.
- **Injection.** For each injection, a needle will be inserted into the disc to inject x-ray dye.
- **Fluoroscopic (x-ray) guidance.** The x-rays will be used to position the needle and identify if x-ray dye leaks out of the disc.
- **Pain description.** A damaged disc will cause temporary pain when injected. You will be asked to describe your pain for each injected disc — where it is, how strong it is, and if it feels like the pain you've been having — to help the doctor identify the source of your pain.
- **CT scan.** After the injections, a computed tomography (CT) scan may also be used to see if discs are leaking x-ray dye and how much.

What happens after?

You may stay in a recovery area and have your vital signs (heart rate, blood pressure, breathing rate) monitored. You should be able to walk after the procedure, and you will most likely be able to go home that day.

Going home

- **Driving home.** Someone will need to drive you home. **DO NOT DRIVE** at all on the day of the procedure. Your doctor will likely allow you to resume driving the next day.
- **Possible side effects.** Your pain may increase briefly, but it should go away in the first few days.
- **Activity.** You should take it easy for a day or two after the procedure. Resume activity if you feel up to it, but avoid activities that strain your back.

- **Pain relief.** For the first day or so, you may want to use ice on the injected area for 20 to 30 minutes at a time — but be careful not to apply ice to bare skin. If the IV site is painful, place warm towels on it for 20 minutes several times a day.
- **Returning to work.** Based on your test results, your doctor will tell you when you can return to work.
- **Follow up for results.** Your doctor will use the discography results, along with other tests, to recommend a treatment plan. Be sure to follow up with your doctor as instructed to discuss the results.

When to call the doctor

Contact your doctor if you:

- See signs of infection at the injection site such as increasing redness or warmth.
- Have increasing pain after the procedure that is not relieved by pain medicine.

Potential benefits	Risks and potential complications*	Alternatives
<p>Discography can:</p> <ul style="list-style-type: none"> • Diagnose whether or not your pain is caused by material leaking from torn spinal disc(s) • Result in a more precise plan for disc surgery or identify whether or not disc surgery is required • Be done without a hospital stay 	<p>Complications are rare, but can include:</p> <ul style="list-style-type: none"> • Infection of the disc space (fewer than 1 in 400 people). Despite using antibiotics and careful sterile techniques, there is a small risk of developing an infection in an injected disc. This will be treated with additional antibiotics. • More rapid disc degeneration after puncturing the disc space with a needle. • Persistent or increased pain. Because the procedure triggers pain to help diagnose its source, you may have increased pain for a time. • Allergic reaction or skin irritation. Rarely, patients are allergic to the injected x-ray dye. Others can experience redness or itching at the injection sites. • Nerve complications. In very rare cases, the procedure can result in nerve root irritation or injury, or injection of dye into the sac surrounding the spinal cord. This could result in numbness, pain, or neurological changes. 	<p>Discography is usually used after other diagnostic tests including:</p> <ul style="list-style-type: none"> • Physical examination • X-rays, MRI, CT scans <p>Your doctor may also recommend doing surgery without first doing discography.</p>

* This procedure is somewhat controversial. Review all risks and potential complications with your physician before having discography.

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