

MYELOGRAPHY

Your doctor has referred you to Neuroradiology for a myelogram. This x-ray examination produces images (films) of your spinal cord and spinal nerves after contrast (sometimes called "dye") are injected into the fluid within the spinal column. Myelography can diagnose specific abnormalities such as herniated discs, spinal canal narrowing, and tumors. These images will assist your physician in evaluating your medical condition.

Personnel

A team composed of physicians (neuroradiologists), technologists, and nurses will be involved in your procedure. Members of this team will explain the procedure to you beforehand. Please feel free to ask questions.

Before the Procedure

Please see the list of drugs at the end of this sheet, which **MUST** be stopped 2 days prior to your myelogram! If you are taking anti-coagulants such as coumadin (warfarin), lovenox, or heparin, you must consult with your physician about stopping these drugs prior to your myelogram. Because we are placing a needle into your spine, it would be safest if you were not taking any blood thinners at the time of the myelogram. You will be able to restart your anti-coagulants the day after the study. Please contact the physician who is prescribing these medications to determine how many days prior to the myelogram you should stop your medication. In some cases, you may need to have your coagulation factors checked by having blood drawn to make sure your blood clotting values are safe.

On the day of your procedure, we ask that you not eat solid food for three hours before the test. However, you are encouraged to drink liquids (juices, soft drinks, water, coffee, and tea) before your myelogram. You may take your regular medications as prescribed unless otherwise directed by our team. If necessary, you will be given medication to relax you before the procedure.

For your safety and comfort, you will be expected to have a relative or friend accompany you, especially for your return home.

The Procedure

The technologist will ask you to lie on your abdomen on the myelographic table. He or she will adjust a pillow to cushion you comfortably. Your weight will be supported by very strong Velcro straps that hold you to the table safely. An area of your back or neck will be cleansed with an antiseptic, which may feel cool. The Neuroradiologist will then inject a local anesthetic to numb a small area of the skin. Using x-ray (fluoroscopy) guidance, the Neuroradiologist will then place the spinal needle into the spinal fluid bathing the spinal cord and inject the contrast dye through this small needle into your spinal fluid. The contrast may be injected in either the lower back or the upper side of your neck. Which route is selected is determined by the Neuroradiologist after reviewing your medical problem and records. Occasionally, your physician may request that spinal fluid be obtained for laboratory tests prior to injecting the contrast material.

X-rays are taken as the contrast outlines the spinal cord nerves. As you are lying on the myelographic table, the table may be tilted. You will be supported by the Velcro straps. This is done so that the contrast will move upward or downward. After x-ray films of the spinal region are taken, the needle is removed and a very small band-aid is applied.

We would like to reassure you that this procedure usually causes little discomfort. However, we will give you pain medication at the time of procedure if you need it.

After the Procedure

Following the myelogram, you will be assisted onto a stretcher and positioned with your head raised at least 30 degrees. In almost all cases, a CT scan follows the myelogram to obtain even further information about the spine while the dye is still present in the spinal fluid. There may be a short time span between the myelogram and the spinal CT or several hours will pass before the scan is begun. This is determined by how much contrast is used. When CT scanning is to occur right after the myelogram, you will wait in the Neuroradiology Department. Images will be evaluated by the Neuroradiologist. A copy of the report and films will be sent to your referring physician.

After leaving Neuroradiology

After the myelogram is complete, you must be driven home by a friend or relative. If your ride home is longer than 30 minutes, we advise that you spend this time in your automobile in a reclined position with 1-2 pillows supporting your head. After returning home, please rest 8 hours on a couch or bed, supporting your head with at least two pillows.

Potential Side Effects

The most common side effect from this procedure is a headache, and this headache can be quite severe and last days after the spinal tap. In order to minimize the chance of a headache developing you should restrict all activity for the day of the myelogram. The longer you rest in bed, the less likely you will have this very bad headache. Other side effects include nausea/vomiting, exacerbation of pain and dizziness. These symptoms may result from either the spinal tap or the contrast, which was injected. Our use of the smallest size needles and the injection of the smallest amount of contrast possible, result in our patients having experienced a low occurrence of the side effects. When side effects occur, they usually last less than 24 hours and are usually not dangerous. If you have any questions or concerns about the after effects, please call the hospital where the procedure was obtained and ask for the "**Radiologist on Call**".

Concerned about X-rays?

Please be aware that radiation use and patient protection is an important part of the training and experience of radiology personnel. Be assured that the necessary information is obtained using the minimum of x-rays. If you notice that the staff wears leaded aprons, it is because they work with x-rays everyday and their occupational exposure is high.

Pregnancy If there is any possibility that you could be pregnant, please inform your physician and a member of the Neuroradiology staff before your procedure.