

Discography

Discography is, an investigative procedure performed to try and identify the area(s) in the spine that are causing the most pain.

The back is sometimes referred to as being made up of 'motion segments'- two vertebrae with the disc in the middle. CT and MRI scans may sometimes show problems in more than one area, so the surgeon might use the discography technique to clarify which levels may need to be operated on.

What happens

If this investigation is required, it will usually be done with you as an in-patient. The procedure is normally carried out in the Radiology Department, and a premedication such as Diazepam is given to help to produce a sense of relaxation. The procedure needs to be done with you in an 'aware state' so that you can let the medical staff know, what is happening. The procedure takes place under sterile conditions and the skin is prepared to prevent infection. A contrast medium is injected into the disc space under X-ray guidance and a set of images obtained. These combined with your responses to the procedure can help clarify which level is causing which pain.

This is not a pleasant procedure, some texts refer to discomfort, but the level of this discomfort will vary from person to person.

There are some possible complications. If there is a large disc bulge and the pressure in the disc is increased, there is a possibility of further prolapse which, in turn, will cause increased pressure on the nerve. Adverse reactions can occur to the contrast medium and infection of the disc (discitis) is also a possibility. Despite the fact that there is only a small risk that complications might occur, they should be discussed with you before you sign a consent form.

Very few people require back surgery - about one in every hundred that attends an out patients clinic or hospital. Surgery is only essential when there are extreme symptoms such as a loss of function of the bladder or bowel, or a loss of power to the foot.

There are three basic types of Back surgery.

1. **Discectomy.** This operation involves removal of part of the intervertebral disc and can be done by a number of techniques. These include open incision, microdiscectomy (which involves a much smaller incision as the surgeon uses an operating microscope), keyhole or endoscopic techniques.
2. **Decompression.** This technique involves removing any tissue that is compressing the nerve, e.g. disc, scar tissue, bone spurs also known as Osteophytes.
3. **Fusion.** This is more extensive surgery. Two or more adjacent vertebrae are fixed together to try and give the spine more stability. The operation involves decompressing any nerves involved. For a 'rigid fusion', bone is taken from the pelvis to place between the vertebrae. 'Flexible stabilisation' does not involve bone grafting, however, there are several procedures that involve using instrumentation (screws, plates, rods). Your surgeon will explain which technique is most appropriate for your situation.

The decision as to whether surgery should take place or not is one that needs careful consideration and lots of discussion with the surgeon. There follows a list of questions that might be useful.

Questions to ask your Surgeon

- What kind of disc problem do I have? Prolapsed or sequestered?
- Do I have signs of nerve root compression?
- Are the symptoms that I have directly related to the nerve compression?
- What are my chances of good pain relief if I opt for a surgical intervention?
- Are there any alternatives to conventional surgery that I could try?
- What type of spinal fusion would you favour for my condition?
- How many of these procedures have you performed?
- How long will I be in Hospital?
- When will I be able to return to work?
- What follow up physiotherapy should I receive?
- Do you have written patient guidelines for me to follow post operatively?
- When will I be able to resume normal activities? eg. driving, carrying loads, sporting activities, sex?

Other useful contacts

Community Health Council - if you have difficulties with:

1. access to medical records.
2. being referred for a second opinion.

NHS Direct. Tel: 0845 4647. Information re Waiting Lists for appointments.

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Helpline: 0845 1302704

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