

Symptoms and causes that may require **discography**

Your spinal column is composed of several bones (vertebrae). Small discs cushion these bones, which have a tough outer ring (annulus) and a soft center (nucleus). These discs act as shock absorbers, protecting the spine and nerves from the stress of daily activities.

When a disc degenerates, small tears appear in the annulus, which may cause pain. The tears heal, creating scar tissue that can weaken the disc wall and make it bulge or herniate. Over time, the nucleus becomes damaged, collapses and loses its cushioning. When this happens, the vertebral bones above and below the damaged disc draw closer together, twisting the spine's facet joints. This unnatural positioning may eventually create bone spurs. If these spurs grow into the spinal canal, they may pinch the spinal cord and nerves.

Most people with degenerated discs will experience chronic low back pain, with intermittent episodes of severe low back pain.

Contact your physician if you're exhibiting any of these symptoms:

- Pain, numbness or tingling in legs
- Severe pain that may come and go
- Pain that worsens when bending, twisting or sitting
- Pain that decreases when lying down

Understand what's causing your pain and **get back to living**

Contact us to schedule a consultation:

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Interventional Spine

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Discography

Back pain is a symptom, not a life sentence



Stop the pain and start living again

Nearly 10 million men and women suffer from back pain caused by a symptomatic disc.¹

When pain stops, life can resume

What is discography?

Discography is an imaging procedure used to determine which discs are causing pain and to what extent. By injecting dye into one or more discs while monitoring for reproduction of your back pain, the doctor can identify the discs causing the pain. Discography detects structural damage in a disc and shows ruptures or tears in a disc's outer ring. This information ensures optimal treatment planning.

How does it work?

Under x-ray guidance, a thin guide needle is inserted into one or more discs. Contrast dye injections pressurize the discs one at a time to outline any damaged areas. If you experience pain that feels like your usual pain, that disc can be classified as a pain generating or symptomatic disc. During the procedure, your answers to questions about the intensity, type and location of the pressure will help determine your diagnosis and appropriate treatment options.

Benefits of discography

- Images the structural integrity of the disc
- Provides real-time information for detailed diagnostics
- Aids in treatment planning
- Minimally invasive
- Performed on an outpatient basis

The procedure and what you can expect

Before

Your doctor will confirm your diagnosis. If you are a good candidate, your doctor will ask you for the following information:

- recent x-rays, MRI films and reports
- current medications, including herbal supplements and their dosages
- known drug, iodine, x-ray dye or latex allergies
- current health conditions

A doctor may advise you to:

- abstain from aspirin, ASA-containing products (including Alka-Seltzer or Pepto-Bismol) and herbal remedies for five days before your procedure
- abstain from ibuprofen or other non-steroidal anti-inflammatory drugs (NSAIDs) for three days before your procedure
- abstain from eating or drinking for at least six hours before your procedure, except necessary medications with sips of water
- arrange for someone to drive you home

During

Discography typically takes between 30 and 60 minutes. During this time, you'll be awake, but sedated. This allows you to communicate what you're feeling as the procedure progresses.

First, a local anesthetic numbs the area. Using x-ray guidance, the doctor inserts a needle into the center of the disc. The doctor may repeat this for multiple discs.

With needles placed, contrast dye injections pressurize the discs one at a time. Each time, you will feel

pressure or pain. If you feel pain, your doctor will ask how it compares to your usual pain in terms of type, location and intensity on a 1–10 scale.

Afterward, a physician takes x-rays, removes the needles and may order a CT scan to obtain additional disc information.

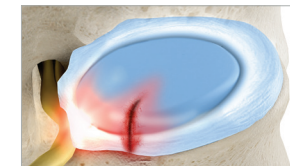
After

Patients typically go home within 30 minutes to an hour. You may experience soreness for a few days. The doctor may recommend non-prescription pain and anti-inflammatory medications, as well as ice for 20 to 30 minutes each day until the soreness subsides. The doctor may also advise you to limit driving, twisting and lifting anything weighing more than 10 pounds for a few days.

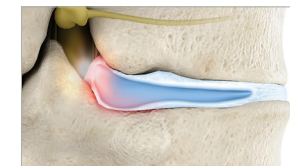
Normal vs. degenerated discs



Normal disc



Degenerated disc



Degenerated disc unable to effectively cushion vertebrae