

# Discogenic Pain

The spine is comprised of 7 cervical (neck), 12 thoracic (chest), and 5 lumbar (lower back) vertebrae (bones). Between each bone of the vertebral column are spongy discs that act as natural shock absorbers. These discs are arranged much like a jelly donut with a harder outer shell called the annulus and a soft gel-like center called the nucleus. Pain generated from these discs is called “discogenic pain”. It usually presents with either axial (proximal to the spine) pain or radiating pain.

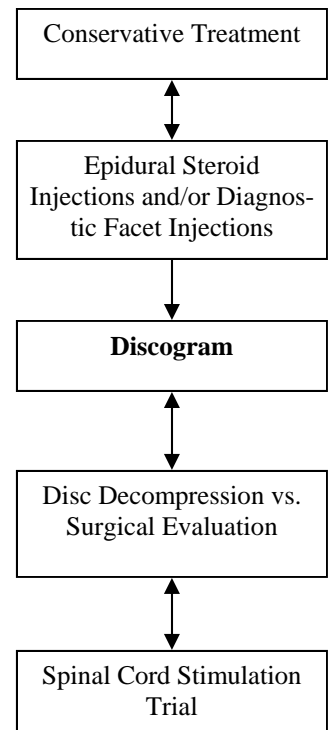
## Axial Pain

The harder outer shell of the disc, or annulus contains nerve fibers that when activated by increased pressure are a common source of pain. This pain is usually localized to the neck and shoulder if a cervical disc is involved or to the lower back/buttock area if a lumbar disc is involved. Thoracic discs cause upper back pain.

## Radiating Pain

When the disc is exposed to increased pressure or is weakened through degenerative arthritis, part of the disc may herniate towards the spinal canal and impinge on sensitive nerve roots as they exit the spine. This results in pain which radiates in the distribution of the nerve that is being impinged. If the herniation is from a disc in the cervical (neck) region, it will manifest as pain which radiates from the neck to the shoulder and down into the arm, often all the way to the fingers. If a lumbar herniation occurs, pain will radiate from the back/buttock down the leg and often into the foot and toes.

Conservative treatment includes the use of non-steroidal analgesics, anti-epileptic medications, and physical therapy. If conservative treatment is inadequate in controlling the pain, interventional injections are indicated. Opioid or narcotic medications have not been shown to be effective in the treatment of this type of pain.



Your procedure is scheduled with Dr.: \_\_\_\_\_

On: \_\_\_\_\_ at: \_\_\_\_\_ (am/pm)

Please arrive by: \_\_\_\_\_ (am/pm)

Other Comments: \_\_\_\_\_

# Discogram

## What to Expect

The purpose of this procedure is to confirm the diagnosis of discogenic pain only, it is not a therapeutic procedure

### Prior to Procedure

- 1) If you are taking aspirin, it must be stopped 7 days prior to your procedure. If you are taking non-steroidal medications such as ibuprofen or naproxen, these (must/ do not have to) be stopped \_\_\_days before your procedure.
- 2) Please let us know if you are on any anti-coagulants (“blood thinners”) such as coumadin, heparin, or Plavix.
- 3) Nothing to eat or drink (except medications) after midnight the day of your procedure.

### Day of Procedure

- 1) You will need to arrange for someone to drive you home after your procedure.
- 2) Arrive one hour prior to your scheduled appointment.
- 3) You will be evaluated by the nursing staff and a physician.
- 4) An I.V. will be placed and you will receive pre-procedure antibiotics.
- 5) A consent form for the procedure must be signed.
- 6) You will be taken into the operating room and asked to lay on your stomach or your back.
- 7) X-rays will be taken to determine the injection site.
- 8) A small amount of local anesthetic will be injected to numb the skin and deeper tissues.
- 9) A small needle will be directed under X-ray guidance into the nucleus of the disc.
- 10) Contrast dye will be injected to confirm proper needle placement.
- 11) The disc will be pressurized and you will be asked if the sensation is exactly the same as your daily pain. If yes, this is considered a positive test and the diagnosis of discogenic pain is confirmed. If the sensation is different than your daily pain, this is a negative test and the disc is excluded as the cause of your pain.
- 12) Local anesthetic and a small amount of corticosteroid will then be injected.
- 13) The needle is removed and you will be taken to the recovery area for discharge or a post procedure cat-scan may be ordered.
- 14) Depending on the result of your test, decisions will be made regarding further treatment.

### Risks of the Procedure—

- 1) Infection—very rare when done with strict attention to sterile protocol. Symptoms and signs of discitis include increasing pain from the site of the injection site, fever, or chills usually starting three days to one week after the procedure. In the rare case of infection, oral or intravenous antibiotics may need to be given. Very rarely a surgical debridement may be necessary in the case of abscess formation.
- 2) Allergic reaction to medications used for the injection. Please let your physician or nurse know if you are allergic to any medications and how your allergy manifests (rash, shortness of breath, etc.).
- 3) Nerve root irritation—usually manifests as pain or weakness in the distribution of the nerve. This is usually short lived and resolves within hours.
- 4) Spinal headache—caused by a small puncture of the sheath surrounding the spinal cord. It could result in a headache that is made worse upon standing upright and relieved when recumbent. Usually self-limited but may require a small procedure (epidural blood patch) to resolve.
- 5) Failed block—if you receive no benefit from the procedure, either the procedure was unable to be completed due to technical difficulties or anatomical barriers or the impinged nerve is unresponsive to this treatment.
- 6) Nerve damage / paralysis / seizures—these are extremely rare but are known risks of these injections.

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If you have any questions or concerns regarding this procedure, please call us at: