

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY AND NUCLEAR MEDICINE
SECTION OF NEURORADIOLOGY**

**PATIENT INFORMATION SHEET
Lumbar Discogram**

Indications for the Procedure: Lumbar Discogram (Discography) is used to determine if back and/or leg pain is due to disease of the discs of the spine, such as disc herniation or degenerative disc disease.

Description of the Procedure: The patient is placed on his/her stomach on the X-ray table, and the skin of the back is cleaned with an antiseptic that contains iodine. Next, with a small needle puncture (stick), the skin and deeper tissues of the lower back are numbed using lidocaine, an anesthetic drug (numbing medicine). With X-ray guidance a thin needle is placed into the disc(s) in the lower part of the back. A small amount of a dye is put through the needle and into the disc. During this injection, the patient is asked if he/she experiences any fullness or pain. If the patient has pain, then they are asked about the pain's severity, location and similarity to the usual pain. This procedure is repeated for each disc requested to be injected by the patient's doctor. After all of the requested discs have been injected, the needle(s) are removed and tiny puncture marks are covered with one or more Band-Aids. X-ray pictures are taken of the injected disc areas of the patient's lower spine. While the dye material is still present, the patient is immediately taken to the computed tomography (CT) scanner for CT scan images (pictures) of specific areas of the lumbar spine. At the end of the CT scan, the patient is either observed in the X-ray department for 1-4 hours or returned to his or her hospital room for observation.

Risks of the Procedure: Serious complications from this procedure are rare. There may be bleeding within the disc or within or outside of the spine; infection of the disc, spinal bone, or at the puncture site; allergic reaction to the dye material or lidocaine anesthetic; or injury to nerves.

Alternatives to the Procedure: The alternatives to this procedure include other disc imaging procedures, such as magnetic resonance imaging (MRI) or CT without the use of dye material in the disc.

Probable Consequences of Refusing the Procedure: The physician may not be able to adequately determine what disc or discs are the cause of the back and/or leg pain, which may result in difficulty treating the patient's pain.

Person(s) Performing the Procedure: The key portions of the procedure will be performed by an attending physician who is a member of the medical staff of Rush University Medical Center, or a fellow or resident in Neuroradiology who will be observed and supervised by a member of the medical staff. Residents and fellows are licensed physicians. Fellows have completed a residency in radiology and are in an approved post-residency training program. Residents are in training in an approved residency program. The parts of the procedures fellows or residents will perform will be based on their level of training and competence.

Date of Last Revision: 8/2009