

What is Discography?

Discography is a diagnostic procedure in which x-ray dye is injected under gentle pressure into the discs of the spine. Based on the presence or absence of pain during the injection of dye, your doctor may be able to determine if the disc is responsible for your pain symptoms. After the x-ray dye is injected, an x-ray picture is taken of the discs. This image, called a "disco-gram" may be normal or may show tears (fissures) in the lining of the disc. Typically, a surgeon will request discography to determine which specific disc is the pain generator and to plan subsequent treatment.

How do I know if my pain is from a damaged disc?

During the procedure, your doctor will place a needle in the disk and under gentle pressure, inject x-ray contrast into the disc. This may cause pain and if the pain is the same as your baseline pain (called "concordant pain"), this will determine if the disc is responsible for your pain.

How is discography performed?

The procedure is done with you lying on your stomach. Your vital signs will be monitored with an EKG, blood pressure cuff, and oxygen monitor. The skin over the injection site(s) is cleaned with an antiseptic solution and then the injections are carried out. An x-ray machine is used to identify the specific levels. After the procedure, you will be placed on you back in the recovery room.

What will I feel during the injection?

Will it hurt? All of our procedures begin by injecting a small amount of local anesthetic through a very small needle. It feels like a little pinch and then a slight burning as the local anesthetic starts numbing the skin. After the skin is numb, the procedure needle feels like a bit of pressure at the injection site. If you experience any pain during the procedure, your doctor will inject more local anesthetic as needed. When a normal disc is injected, you will feel a sense of pressure, but not pain. When an abnormal disc is injected, you will feel pain. It is important to try to tell if the pain you are feeling is your usual pain ("concordant pain") or different ("discordant pain"). With each disc injected, you will be asked if it is painful, where you feel the pain and whether it is in the same area as your usual pain.

How many discs will be injected?

Based on your symptoms and your MRI, we will identify which discs we suspect are your pain generators. These discs will be injected. In addition, a normal disc is injected to serve as a reference point.

How long does discography take?

Discography takes about 30 to 45 minutes, depending on how many levels are injected.

What is actually injected?

The injection consists of x-ray dye. It is usually mixed with some antibiotics to prevent infection.

Will I be “put out” for this procedure?

You will not be completely “put out” but you will be mildly sedated. It is important you are at least awake enough to communicate with your doctor. This procedure is done primarily under local anesthesia. However, your doctor can give you inhaled sedation (nitrous oxide or “laughing gas”), oral anti-anxiety medications, or oral pain medications as well.

Will my pain be better after the injection?

No. Discography is a diagnostic procedure that is meant to identify the source of pain. Definitive treatment to treat the pain will be planned with your doctor and referring surgeon.

What should I do after the procedure?

We advise the patients to take it easy for a day or so after the procedure. Your recovery room nurse will advise you about applying ice to the site and the limits on activity for a few days after the procedure.

Can I go to work to work the next day?

We usually recommend taking 2-3 days off work after the injection.

What are the risks and side effects of discography?

Overall, this procedure has few risks. However, as with any procedure, there are some risks and side effects you should know about. Commonly encountered side effects are increased pain from the injection (usually temporary), inadvertent puncture of the “sack” containing spinal fluid (may cause headaches), infection, bleeding, nerve damage, or no relief from your usual pain.

Who should not have this injection?

The following patients should not have this injection: if you are allergic to any of the medications to be injected, if you are on a blood-thinning medication (e.g. coumadin, injectable heparin), or if you have an active infection going on.