

Myelography

Patient Education & Preparation Instructions

What is Myelography?

Myelography is an x-ray examination of the spinal canal. A contrast material is injected through a needle into the space around the spinal cord to display the spinal cord, spinal canal and nerve roots on an x-ray.

What is the Purpose of a Myelogram?

A myelogram is used to evaluate the spinal cord and/or nerve roots for suspected compression. Pressure on these delicate structures causes pain or other symptoms. A myelogram is performed when precise detail about the spinal cord is needed to make a definitive diagnosis.

Precautions

Patients who are unable to lie still or cooperate with positioning should not have this examination. Severe congenital spine abnormalities may make the examination technically difficult to carry out. Patients with a history of severe allergic reaction to contrast material (x-ray dye) should report this to their physician. Pretreatment with medications to minimize the risk of severe reaction may be recommended.

How do I Prepare for the Procedure?

You should be well hydrated at the time of your myelogram. Increasing fluids the day before the study is usually recommended. All food and fluid intake should be stopped approximately four hours before the myelogram.

Discuss with your physician any medication that you may be taking. The doctor will want to stop medications that can contribute to bleeding, such as aspirin, coumadin and non-steroidal anti-inflammatory medication.

Arrange for someone to drive you home.

Patients who smoke may be asked to stop the day before the test. This helps decrease the chance of nausea or headaches after the myelogram.

Immediately before the examination, you should empty your bowel and bladder.

To avoid appointment delays, pre-registration is required prior to your date of service.

How is the Procedure Performed?

During a myelogram, you will lie on an x-ray table on your stomach. The radiologist first looks at your spine under fluoroscopy, where the images appear on a monitor screen. This is done to find the best location to position the needle. The skin is cleaned, then numbed with local anesthetic. The needle is then inserted.

Occasionally, a small amount of cerebrospinal fluid, the clear fluid which surrounds the spinal cord and brain, may be withdrawn through the needle and sent for laboratory studies. Then contrast material is injected. The contrast material (dye) is a liquid that shows up on x-rays.

The x-ray table is tilted slowly. This allows the contrast material to reach different levels in the spinal canal.

The flow is observed under fluoroscopy, then x-rays are taken with the table tilted at various angles. A footrest and shoulder straps or supports will keep you from sliding.

In many instances, a CT scan of the spine will be performed immediately after a myelogram, while the contrast material is still in the spinal canal. This helps outline internal structures most clearly.

A myelogram takes approximately 30 to 60 minutes. A CT scan adds about another 30 minutes to the examination. If the procedure is done as an outpatient exam, you will be required to stay in a recovery area for up to four hours.

What Happens After the Myelogram?

After the examination is completed, you will be instructed to rest for several hours with your head elevated. Extra fluids will be encouraged, to help eliminate the contrast material and prevent headaches. A regular diet and routine medications may be resumed. Strenuous physical activity, especially any which involve bending over, may be discouraged for one to two days. Your doctor should be notified if you develop a fever, excessive nausea and vomiting, a severe headache, or a stiff neck.

Are there any Risks?

Headache is a common complication of myelography. It may begin several hours to several days after the examination. The cause is thought to be changes in cerebrospinal fluid pressure, not a reaction to the dye. The headache may be mild and easily alleviated with rest and increased fluids. Sometimes, nonprescription medicine is recommended.

In some instances, the headache may be more severe and require stronger medication or other measures for relief. Many factors influence whether patients develop this problem. These include the type of needle used and the age and gender of the patient. Patients with a history of chronic or recurrent headache are more likely to develop a headache after a myelogram.

The chance of reaction to the contrast material is a very small, but potentially significant risk with myelography. It is estimated that only 5 to 10 percent of patients experience any effect from contrast exposure. The vast majority of reactions are mild, such as sneezing, nausea or anxiety. These usually resolve by themselves. A moderate reaction, like wheezing or hives, may be treated with medication, but is not considered life threatening. Severe reactions, such as heart or respiratory failure, happen very infrequently. These require emergency medical treatment.

Who Interprets the Results and How do I Get Them?

A radiologist will interpret the images and forward a report to the physician who ordered the test. You will then most likely meet with your physician to learn of the results of the procedure. Depending on the interpretation, you and your physician will determine the next course of action, such as treatment for an abnormality, if necessary.

Aspirus Riverview Hospital Imaging Services Department 715-421-7430

PRE-REGISTRATION REQUIRED

**Stop by the Registration Department in Aspirus Riverview Hospital's Lobby Rotunda
Monday-Thursday 8 am- 5:30 pm; Friday 8 am-5 pm; Or call 715-421-7499**

If you are unable to keep your appointment, please let Aspirus Riverview Hospital's Imaging Services Department know as soon as possible. Should you be admitted to the hospital, please inform your physician about your appointment.



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