

Radiology Rounds

Update

June 2011



VERTEBROPLASTY AT HAYWOOD

Nonsurgical Vertebroplasty Is Effective Pain Treatment for Spinal Fractures Caused by Osteoporosis or Bone Tumors

VERTEBROPLASTY is a pain treatment for vertebral compression fractures that fail to respond to conventional medical therapy, such as minimal or no pain relief with analgesics or narcotic doses that are intolerable. Vertebroplasty, a nonsurgical treatment performed by interventional radiologists using imaging guidance, stabilizes the collapsed vertebra with the injection of medical-grade bone cement into the spine. This reduces pain, and can prevent further collapse of the vertebra, thereby preventing the height loss and spine curvature commonly seen as a result of osteoporosis. Vertebroplasty dramatically improves back pain within hours of the procedure, provides long-term pain relief and has a

low complication rate, as demonstrated in multiple studies.

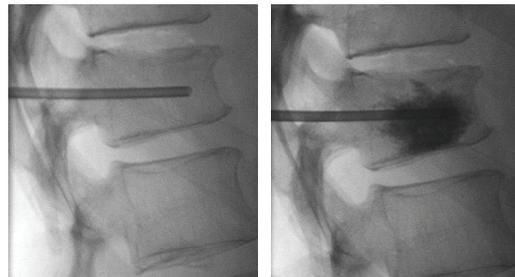
age of the fracture – a fracture on X-ray may actually be chronic and not respond well to treatment. Therefore, an MRI (using *fracture screening protocol*) is very helpful, along with X-rays. If the patient is unable to undergo MRI, a nuclear medicine bone scan is suggested (no sooner than 3 days after injury). The radiologists at HRMC will review the images prior to scheduling the procedure to assure its appropriateness and feasibility.

Preparation: medications which may lead to bleeding should be held, just like for surgery (Coumadin, Plavix, etc). If the procedure is scheduled

scheduled for the afternoon, the patient may have a light breakfast before 8 a.m., then NPO except for medications with sips of water. The patient should be accompanied by, or make provisions for, a driver.

not require suturing. The patient will recover in *Same Day Surgery*, and can expect to be discharged 2 – 3 hours after the procedure.

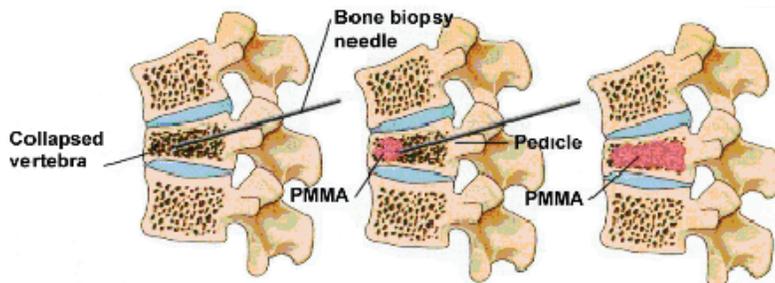
Post-Procedure: the patient will be advised to rest for the remainder of the day, and may resume usual activities the following day. The patient will receive complete Post-Procedure Instructions, and will be interviewed by telephone the following day to assess outcome, although most patients report dramatic improvement prior to discharge. [R](#)



Procedure: the patient will 1st report to outpatient registration, then to Radiology Dept. An IV will be placed for medications (moderate sedation). The procedure itself usually takes less than 1

hour, sometimes longer if more than one vertebra is treated. Usually only one trocar (needle) is needed to adequately distribute the polymethylmethacrylate (PMMA) bone ce-

ment, occasionally two trocars are needed – on both sides – to adequately cement the bone. The tiny incision made will



low complication rate, as demonstrated in multiple studies.

Pre-Procedure: it is important to know the relative

for the morning, the patient should have nothing by mouth after midnight except for medications and sips of water. If



Points of interest:

- Imaging, usually MRI, is suggested to assess fracture.
- Blood thinners need to be held for procedure.
- Patient will need a driver.
- Call **Tammy Brown** at *HMI* to schedule and answer questions: **828-452-8348**, 828-452-8338 (fax)