

MAY 2015

Interventional Rounds



HAYWOOD
REGIONAL MEDICAL CENTER
A Duke LifePoint Hospital

VERTEBROPLASTY AT HAYWOOD

VERTEBROPLASTY is a pain treatment for vertebral compression fractures that fail to respond to conventional medical therapy, such as insufficient 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. **Pre-Procedure:** it is important to know the relative age of the fracture – a fracture on X-ray may actually be chronic and not respond well to treatment. Therefore, an MRI (*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. The radiologists at HRMC will review the images prior to scheduling the procedure to assure its appropriateness and feasibility.

Preparation: HRMC Pre-Op Counselors will call the patient to review instructions. Medications which may lead to bleeding should be held, just like for surgery (Cou-

madin, Plavix, etc). The patient should have nothing by mouth after midnight except for medications and sips of water. The patient should be accompanied by, or make provisions for, a driver, and must arrive 2 hrs. prior to the procedure. From the time of registration, the patient should expect to spend 5-6 hrs. with us.

tion made will not require suturing. The patient will recover in *SDC*, 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

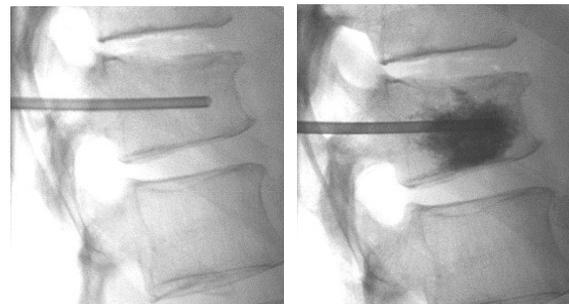
the following day to assess outcome, although most patients report dramatic improvement prior to discharge.



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** to schedule and answer questions:

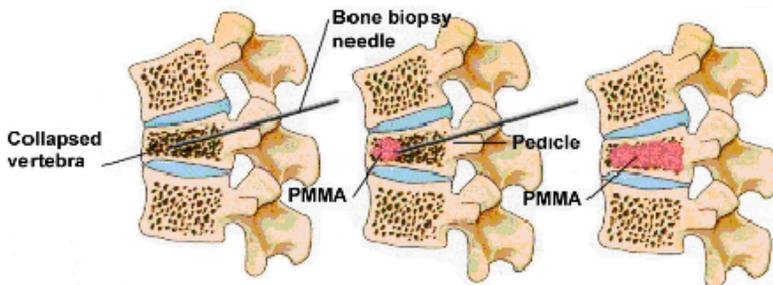
828-452-8991,
828-452-8338 (fax)



Procedure: the patient will 1st report to outpatient registration, then to *Same Day Care (SDC)*, 6th floor. An IV will be placed for medications.

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 polymethyl-

methacrylate (PMMA) bone cement, occasionally two trocars are needed – on both sides – to adequately cement the bone. The tiny inci-



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