

This fact sheet relates to the procedure known as a **percutaneous disc decompression**, a type of pain relieving injection which is performed at Melbourne Radiology Clinic. A CT (Computed Tomography) scan will be used to guide the procedure.

Introduction

This procedure is used to treat leg pain (sciatica or radicular pain) due to a disc bulge or herniation which is pressing upon a nerve.

The procedure is performed if other injections, such as a transforaminal epidural or selective nerve root block, have not resulted in resolution of a patient's symptoms. Percutaneous disc decompression is considered to lie somewhere in between these injections and surgery.

Preparation

- There is no specific preparation required.
- It is essential that Melbourne Radiology Clinic knows in advance of any blood thinning medication. These must be stopped prior to the procedure (**Aspirin and Warfarin for 5 days, Plavix for 7 days & Iscover for 8 days**).
- We strongly recommend that you bring a responsible person to drive you home afterwards.

Risks

Risks of spinal procedures are rare and include:

- **Infection:** most of these are minor (1-2%), however can be serious (<0.1%) requiring hospital admission, intravenous antibiotics and surgery.
- **Bleeding:** this is fortunately also rare and common in patients with bleeding disorders and on "blood thinning" medication.
- **Nerve damage:** from direct needle trauma, or as a consequence of the above mentioned complications.
- **Dural puncture:** this is when the needle penetrates into the sac encasing the nerves within the spinal canal, causing leakage of fluid contained within the sac, known as CSF (cerebrospinal fluid). The risk of this procedure is approximately 1% and is treated with flat bed rest for four hours.

Procedure

You will be asked to wear a gown with the selected area of the spine exposed. Spinal injection procedures are completed with you lying face down in a CT scanner. We will ensure that you are as comfortable as possible.

A series of planning images are performed, with the area of needle entry planned on the computer terminal and then marked on your skin. The radiologist will then clean your skin with an antiseptic wash and inject local anaesthetic into the injection site. This results in a stinging sensation which is temporary until the skin becomes numb, usually taking 10-30 seconds.



An access needle is then passed through the skin and tissues, constantly manipulated under CT guidance until it enters the intended disc. When gentle needle contact is made with the disc, this may result in back or leg pain. A smaller needle is then passed through the access needle and removal of the disc material begins. Usually only 1cc of disc material is required to be removed to alleviate the pressure on the affected nerve, as this loss of disc volume encourages the remaining disc to contract in size.

Apart from the benefit of being minimally invasive and not requiring general anaesthesia, unlike surgery, the procedure only removes a tiny fragment of the disc so that the disc left behind can continue to perform its function of cushioning the vertebral bodies.

IMPORTANT INFORMATION TO TELL YOUR DOCTOR PRIOR TO TREATMENT

Serious side effects are rare, however if you have an existing condition, this must be discussed with your referring doctor before having treatment. People with local skin or systemic infections are at greater risk of having an infection spreading into the spine after spinal injection treatment. Therefore, if you have a skin infection, which may include wounds, boils or rashes, please tell your doctor or arrange to have the procedure performed at a later date.

Following the procedure

You may feel some moderate back pain following the procedure, which will be treated with pain relieving medications. Most patients are observed in the clinic for at least 2 hours and are discharged after this point only if walking safely and feeling well. You should not drive for the rest of the day. You will require to wear a brace for at least 6 weeks following the procedure.

Note:

Please discuss any medical illnesses with your doctor before booking the recommended procedure.

Follow up

The radiologist conducting the spinal injection will send your referring doctor a report. Please ensure that you make a follow up appointment with your referring doctor or health care provider to discuss your results.

REMEMBER ...

- Please bring to the clinic, any prior scans (eg. X-rays, ultrasounds, MRI, CT) and reports as these will assist the radiologist in assessing your condition.
- If you have any further queries please call Melbourne Radiology Clinic on **(03) 9667 1667** – we are only too happy to help.
- Please note that any referral for a scan is valid at Melbourne Radiology Clinic, even if it has been written on a referral form from another radiology provider.

Whilst every effort is made to keep your appointment time, the special needs of complex cases, elderly and frail patients can cause unexpected delays. Your consideration and patience in these circumstances is appreciated.

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