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Discography Information

What are the discs?

The discs are soft, cushion-like pads which separate the hard vertebral bones of your spine. A disc may be painful when it bulges, herniates, tears, or degenerates and may cause pain in your neck, mid-back, low back and/or arms, chest wall, abdomen and legs. Other structures in your spine may also cause similar pain such as the muscles, joints and nerves. Usually, we have first determined that these other structures are not your sole pain source (through history and physical examination, review of x-rays, CT/MRI, and/or other diagnostic injection procedures such as facet and sacroiliac joint injections and nerve root blocks) before performing discography.

What is discography and why is it helpful?

Discography confirms or denies the disc(s) as a source of your pain. It is a relatively simple procedure that uses a small needle to inject contrast dye into your disc. MRI and CT scans only demonstrate anatomy and cannot absolutely prove your pain source. In many instances, the discs may be abnormal on MRI or CT scans but not be a source of pain. Only discography, which is a functional test, can tell if the disc itself is a source of your pain. Therefore, discography is done to identify painful disc(s) and help the surgeon plan the correct surgery or avoid surgery that may not be beneficial. Discography is usually done only if you think your pain is significant enough for you to consider surgery or more advanced treatment options.

What will happen to me during the procedure?

An IV will be started so that antibiotics (to prevent infection) and relaxation medicine can be given. You will lie on your stomach for lumbar discography. Your skin will be well cleaned. Next, the physician will numb a small area of skin which may sting for a few seconds. Next, the physician will use x-ray guidance to direct a small needle into your disc. You may feel temporary discomfort as the needle passes through the muscle or near a nerve root. The physician may repeat this at several adjoining disc levels. After the needles are in their proper locations, a small amount of contrast dye is injected into each disc. If a disc is the source of your usual pain, the injection will temporarily reproduce your symptoms. If a disc is not the source of your pain, the injection will not reproduce your symptoms or cause any discomfort.

What should I do after the procedure?

Immediately afterwards, you may be taken for a CT scan. You will wait 30 – 60 minutes in recovery before going home. You are not to drive for eight hours. Over the next 2 – 3 days, your muscles may be sore. You may take your pain medication and should avoid any aggravating activities. Call the office during normal business hours if you have any questions or concerns.

General Pre/Post Instructions

You should not eat or drink anything for at least 4 hours before the procedure. If you are an insulin dependent diabetic, do not alter your normal food intake. Take your routine medications before the procedure (such as high blood pressure and diabetes medications). Stop aspirin and all anti-inflammatory medications (e.g. Motrin, Ibuprofen, Aleve, Advil, Nuprin, Naproxen, Excedrin) 7 days before the procedure. These medicines may be restarted after the procedure. You may take your regular pain medicine as needed before/after the procedure. If you are on Coumadin, Heparin, Lovenox, Plavix, or Ticlid, you must notify the office so that the timing of stopping these medications can be explained. Please notify our office if you are on antibiotics as we may need to postpone your procedure. If you have an active infection or fever, we will not do the procedure. You will be at the hospital as an out-patient for 2 – 3 hours. You will need to bring a driver with you. You may return to your current level of activities the next day.