

**MCRG Interventional Radiology
Patient Discharge Education
After Your Spinal Augmentation Procedure
(Vertebroplasty/Kyphoplasty)**

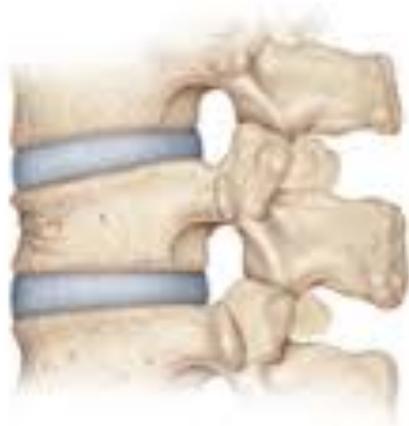
Overview

More than one-fourth of women and many men over the age of 65 will develop compression fractures in their vertebrae due to osteoporosis. These fractures are painful, and cause decreased mobility and accelerated bone loss. In addition, treatment can be very time consuming, uncomfortable and usually include long periods of bed rest, back braces and pain medication.

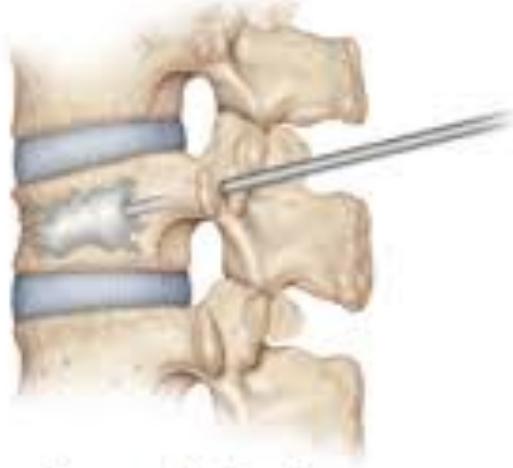
Spinal Augmentation

Today, many people who suffer from these debilitating symptoms may be candidates for two treatments - **Vertebroplasty** and **Kyphoplasty**. Both of these minimally invasive procedures require only a small incision made at the site of the fracture. Vertebroplasty involves a process where bone cement is injected directly into the fractured bone. This stabilizes the fracture and in many cases provides immediate pain relief. Kyphoplasty involves an additional step. Prior to injecting the bone cement, a tiny balloon is inserted through a needle and gently inflated inside the fractured vertebrae. The balloon creates a pocket or cavity in the vertebrae. The balloon is removed and the bone cement is then injected into the space, filling the area.

Both of these procedures are painless, usually taking approximately one hour to perform and relief can be expected almost immediately. Unlike traditional surgery, recovery time is much quicker, and a large percentage of patients report immediate relief from pain and most of our patients report complete relief from pain within 2 weeks.



Fracture



Cement Injection

Instructions for going home after your procedure

Care for the Procedure Site:

- The morning after your procedure, you may take the dressing off. The easiest way to do this is when you are showering, get the tape and dressing wet and remove it.
- After the bandage is removed, cover the area with a small adhesive bandage until healed, usually three to five days. It is normal for the procedure access site(s) to be black and blue (bruised) for a couple of days. The site may also be slightly swollen and pink, and there may be a small lump (about the size of a quarter) at the site. This will resolve in one to two weeks following the procedure.
- Wash the access site(s) at least once daily with soap and water. Place soapy water on your hand or washcloth and gently wash the area; do not rub.
- Keep the area clean and dry when you are not showering.
- Do not use creams, lotions or ointment on the wound site.
- Wear loose clothes and loose underwear.
- Do not take a bath, tub soak, go in a Jacuzzi, or swim in a pool or lake for one week after the procedure.

Activity Guidelines:

Generally, you will need to take it easy for the first two days after you get home. You can expect to feel tired and/or weak the day after the procedure. Take walks around your house and plan to rest during the day.

- Avoid heavy lifting (more than 10 pounds) and pushing or pulling heavy objects for the first 5 to 7 days after the procedure.
- Do not participate in strenuous activities for 5 days after the procedure. This includes most sports - jogging, golfing, play tennis, and bowling.
- You may climb stairs if needed, but walk up and down the stairs more slowly than usual.
- Gradually increase your activities until you reach your normal activity level within one week after the procedure.

Return to Work:

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Most people are able to return to work within 1 to 2 weeks after an interventional procedure. Your doctor will provide specific guidelines about returning to work.

Resume Sexual Activity:

Gradually increase your activities until you reach your normal activity level, usually within one to two weeks after the procedure.

Resume driving:

Most people are able to resume driving within one week after going home.

Medications:

- Please review your medications with your doctor before you go home. Ask your doctor if you should continue taking the medications you were taking before the procedure.
- If you had a percutaneous coronary intervention (PCI), you will need to take an antiplatelet medication such as clopidogrel, prasugrel or ticagrelor. Do not stop this medication until your doctor tells you to.
- If you have diabetes, your doctor may adjust your diabetes medications for two days after your procedure. Please be sure to ask for specific directions about taking your diabetes medication after the procedure.
- Depending on the results of your procedure, your doctor may prescribe new medication. Please make sure you understand what medications you should be taking and how often to take them. If you are not taking medication for osteoporosis prior to the procedure, we may refer you back to your primary care physician to begin therapy as you will be at higher risk for more fractures

Fluid Guidelines:

Be sure to drink eight to ten glasses of clear fluids (water is preferred) to flush the contrast material from your system.

Follow-up visit information:

Call your specialist doctor or primary care doctor after discharge for a follow-up appointment if you don't already have one.

Follow up with Interventional Radiology is not routinely necessary.

When to Get Medical and Emergency Help:

Call our non-emergent line at (321) 841-8104:

Increasing pain at the procedure site or new pain in the back.

You see redness or swelling at the location of the procedure access site.

Go to your nearest Emergency Department: You have shaking chills or a temperature over 101°F.

Interventional Radiology Contact Information

Office Hours 8:00 am - 5:00 pm

Non-emergent questions:

Phone: (407) 649-6823 Fax: (407) 246-0374

Email: IRSupport@MCRG.com – *non urgent concerns only*

IR Clinic Scheduling:

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Phone: (321) 841-8104 Fax: (407) 649-7873

Email: IRSupport@MCRG.com – *non urgent appointment requests only*

For all Urgent issues:

On nights and weekends for immediate concerns you may

Page the Interventional Radiologist at:

(321) 841-8122

Or call your Doctor.