



Institute for Low Back and Neck Care

*Physicians dedicated to relieving pain
and improving function*



For any questions, please call your
physician's medical secretary at
952-814-6600.

Intradiscal Injection



Introduction

At times it is difficult for a physician to determine what is causing a patient's low back or leg pain. If a physician suspects that an intervertebral disc is causing a patient's pain, an injection into the disc may be recommended to help identify the cause of the pain and possibly treat the disc pain. This injection may help the physician determine the next course of treatment.

The Intervertebral Discs

The intervertebral discs are the cushions that separate the vertebrae in the spine. Each disc is comprised of a firm outer ring called the annulus and the "jelly-like" center is called the nucleus.

Degenerative Disc Disease

This is a broad descriptive term used to describe wear and tear changes within a disc or discs. This can be hereditary or a result of the aging process to some degree. It may also be caused by trauma or repeated injury. As a result, narrowing of the intervertebral disc space, abnormal spinal movement, and

possibly spinal nerve root compression can occur. Degenerative disc disease is a common problem; however, it is not always painful.

The Purpose of Intradiscal Injection

Intradiscal Injection can be performed for diagnostic and/ or therapeutic purposes.

Diagnostic: A local anesthetic is used to determine if the pain is coming from a specific disc by attempting to temporarily block pain sensation within the disc. This pain relief only lasts until the anesthetic wears off.

Therapeutic: A steroid (usually triamcinolone) is injected to decrease inflammation and swelling that may be present within a disc. Hopefully, decreasing the inflammation will reduce the patient's pain. The steroid usually starts to work in 2-3 days, but the optimal effects are not known until 1-2 weeks after the injection. The duration and extent of pain relief from therapeutic intradiscal injection varies from person to person.

The Procedure

Prior to the procedure, an IV is placed in the arm for intravenous antibiotics and possibly mild sedation over the

course of the procedure. The patient is placed in the prone (laying face down) position with a pillow underneath the abdomen. The skin is sterilely prepared. Using fluoroscopic (x-ray) guidance, the safest path into the appropriate disc(s) is determined. The skin is anesthetized and a thin needle is advanced under fluoroscopic guidance into the central portion of each disc to be injected. A small volume of contrast solution is injected to prove that the medication will flow into the disc. Anesthetic solution, steroid solution, or a combination of both, are then injected, depending on the intent of the procedure. Following the procedure, the patient is cared for in the recovery area for approximately 30-45 minutes.

Preparing for Intradiscal Injection

- **You should have no solid foods for 6 hours before your procedure.** You may have clear liquids up to 2 hours before your procedure. Example: water, broth, clear fruit juices such as apple, cranberry and grape juice. These juices should not include pulp. Tea, black coffee with no cream and carbonated beverages are also allowed. Please take your regular medications the day of your procedure, especially any **heart or blood pressure** medications. If you are on medication for **diabetes**, be sure to take it the day of the procedure. No gum for 2 hours before the procedure.
- While the procedure usually takes less than 30 minutes, you will need to allow for at least 1-2 hours at the procedure center.
- Please shower/bathe with antibacterial soap, if possible, the evening before the injection.
- You need to arrange for a driver to be present for the entire time you are at the facility. If you do not have a driver with you, your procedure may have to be rescheduled. If you use a taxi or volunteer ride service, you still must have a responsible adult with you in order to help take care of you after your sedation procedure.
- Be sure to let us know if you have any allergies as medications and contrast dye will be administered before and during the procedure.
- If you are taking prescription blood thinners such as Coumadin (warfarin), Plavix (clopidogrel bisulfate) and Ticlid (ticlopidine), please inform your doctor's medical secretary. These medications will need to be stopped before the procedure, but only after you receive permission from the doctor who is prescribing these medications.
- Inform your doctor's medical secretary if you are on high doses of aspirin (more than 2 per day).
- If you develop a fever, night sweats, or an active infection, your procedure will need to be rescheduled. Please contact

our office at **952-814-6600** immediately to inform us of your change in condition.

After the Injection

Follow the specific instructions given to you by the nurses at the procedure center.

- Plan to rest for the remainder of the day. Resume activity as tolerated.
- After the anesthetic wears off, you may have some soreness at the injection sites for 1-2 days from needle insertion. For discomfort, apply ice packs to the area for 15 minutes several times a day.
- Do not soak in a tub for 24 hours after the procedure. You may take showers.
- Observe for any signs of infection including redness and warmth at the injection site, increasing pain, swelling, drainage, chills, night sweats, fever above 100° F. Report any signs of infection or other unusual symptoms.
- Keep a record of your pain and symptoms after the injection and report your results as instructed by your doctor's medical secretary.

Remember that your usual pain may go away for a few hours, but after the local anesthetic wears off, it is normal for your pain to return. You may also have some temporary discomfort at the puncture site. For therapeutic injections, the full effects of the steroid may take 2 days to 2 weeks to work, and its lasting effects vary from person to person.

Possible Side Effects of the Steroid

Possible side effects include facial flushing, fluid retention, insomnia, low-grade fever, temporary changes with menstruation, and headache. These side effects usually are minimal and resolve 1-3 days after the procedure. If you have diabetes, your blood sugar may be temporarily elevated.

Potential Risks of Intradiscal Injection

This study is considered invasive and does have potential risks. These include, but are not limited to:

- Infection of the disc. This is very uncommon because strict sterile techniques are used in the procedure.
- There is a slight risk of nerve injury.
- Allergic reactions to any of the medications or contrast dye used (be sure to inform us before the procedure if you have any known allergies).