Patient information factsheet

Having a myelogram

We have written this factsheet to give you information about having a myelogram. We hope it will answer any of the questions you may have but, if there is anything you don't understand, a member of your healthcare team will be happy to explain further.

What is myelography?

Myelography is an x-ray examination of the spinal canal. A dye is injected through a needle into the space around the spinal cord to display the cord, spinal canal and nerve roots on an x-ray.

A myelogram takes approximately 45 to 60 minutes. A computed tomography (CT) scan adds about another 20 minutes to the examination.

Purpose of the myelogram

The purpose of a myelogram is to evaluate the spinal cord and/or nerve roots for suspected compression.

Pressure on these delicate structures can cause pain or other symptoms. A myelogram is performed when precise detail about the spinal cord is needed to make a definitive diagnosis.

In most cases, myelography is used after other studies, such as magnetic resonance imaging (MRI) or CT scan has not yielded enough information to be sure of the disease process. Sometimes myelography followed by a CT scan is an alternative for patients who cannot have an MRI scan, because they have a pacemaker or other implanted metallic device.

Preparation for the procedure

You should have eaten and be well hydrated before coming in. Certain medications may need to be stopped before a myelography is performed.

Please contact us on telephone: 023 8120 6588, Monday to Friday, 9am to 5pm if you are on Warfarin or other anticoagulant/blood thinning medication, as this will require further discussion with the doctor who requested the investigation.

On arrival, you will be admitted to the day unit and asked to change into a hospital gown. It may be necessary for a blood sample to be taken in order to check that your blood clotting and kidney functions are normal. This can take up to two hours to analyse.

Meanwhile, a doctor will ask about your general medical history, explain the procedure and the small risks associated with it and then ask you, if you're happy, to sign a consent form.

It is important that you make arrangements for someone to collect you from the day unit and drive you home, so that you have someone with you if you feel unwell.

If you are female and are pregnant, trying to get pregnant, or there is a chance that you are pregnant, please inform us by calling the telephone number at the end of this leaflet before your admission.

During the procedure

You will be asked to lie on the x-ray table, usually on your left hand side with your knees bent up and your head tucked in.

The radiologist first looks at the spine under x-ray, where the images appear on a monitor screen. This is done to find the best location to position the needle.

The skin is cleaned in the lower back region and then numbed with local anaesthetic. The spinal needle is then inserted. Occasionally, a small amount of cerebro spinal fluid, the clear fluid that surrounds the spinal cord and brain, may be withdrawn through the needle and sent for laboratory studies. Then contrast material (dye) is injected.

The contrast material is a liquid that shows up on x-rays. The x-ray table may be slowly tilted head up or head down. This allows the contrast material to reach different levels in the spinal canal. The flow is observed with x-rays taken with the table tilted at various angles. You may be asked to roll into different positions.

You will then be transferred to a CT scanner where a CT scan of the spine will be performed while the contrast material is still in the spinal canal. This helps outline internal structures more clearly.

After the procedure

You will be transferred back to the day unit for a recovery period of at least one hour. Your head should be slightly elevated and you should drink water to help eliminate the contrast material and prevent headaches.

You can start taking your normal medications but you should avoid strenuous physical activity, especially any activities which involve bending over, for one or two days.

Risks

Common side effects are:

- Headaches, which may be relieved by flat bed-rest and/or medication
  Headaches are a common complication of myelography. It may begin several hours to several days after the examination. The headache is usually mild and will get better with rest and increased fluids. In some instances, the headache may be more severe and require medication or other measures for relief. If this occurs you should consult your GP.

- An increase in leg and back pain (if it was present before the myelogram)
  This will only last a short time and can be relieved by medication.

Extremely rare complications are:

- Risk of infection at the puncture site and around the spinal cord

- An allergic reaction to the contrast medium within the fluid
  This is usually an immediate reaction and will be dealt by the staff during the admission.

- Leakage of fluid (infection and leakage may be delayed rare complications
  If these occur please attend an emergency department.

Results

The radiologist will examine the images and a report of the findings will be sent to the doctor who requested the procedure. This report should be available at your outpatient follow up appointment.

Further information

Most of your questions should have been answered in this factsheet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you.

It is important that you are satisfied that you have received enough information about the procedure. If you have any questions before the examination, please telephone the cross-sectional imaging department on telephone: 023 8120 6588, Monday to Friday, 9am to 5pm.

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688 for help.

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