

Understanding your Myelogram

What is a myelogram?

A myelogram is an imaging test to look for compression of the spinal cord or spinal nerves caused by herniated discs, fractures, bony spurs, or spinal tumors. It is performed by injecting contrast material (dye) into the fluid surrounding the spinal cord and nerve roots through a needle placed in the spinal canal. This is followed by radiographs (x-rays) and a CT (CAT) scan of the spine.

How is a myelogram performed?

The technologist will position you on your stomach on the examination table. The table is hard but we will try to make you as comfortable as possible since you will need to be in that position for about 30 minutes to one hour. The neuroradiologist will clean the skin over your lower back and numb the skin with a local anesthetic. You will remain awake for the procedure. The neuroradiologist will then advance a needle through the skin until it reaches the spinal fluid. Although insertion of the needle usually takes less than 15 minutes, it can occasionally take as long as 45 minutes. Advancing the needle causes a pressure sensation in your back and can sometimes cause a brief sharp pain in your back or leg. If requested by your doctor, we will take a sample of spinal fluid and send it for laboratory analysis. We will then inject contrast material through the needle and remove the needle. You may feel pressure in your back or legs during the injection. We usually tilt the examination table up or down and have you roll onto your side or back as we perform fluoroscopy (real-time x-rays) and take radiographs of your spine. After this you will have a CT scan of your spine. You may lie on your stomach or back for the CT scan, which takes about 10 minutes. After reviewing all of the images, the neuroradiologist will send a report to your doctor.

What are the risks?

Myelography is generally a safe procedure. The most common complication is headache. The headache can sometimes last for several days. It is usually relieved by lying down. The headache is caused by spinal fluid leaking from the needle puncture site. If it is severe we can treat it with a "blood patch." We perform the blood patch by taking blood from one of your veins and injecting it in the region where the lumbar puncture was performed, thereby sealing the leak. Less frequent complications are allergic reactions, bleeding, infection, nerve injury, and seizure.

How should I prepare?

When you schedule your study inform the scheduler if you ever had an allergic reaction to iodine-based contrast that you may have received during tests such as a CT scan, IVP (intravenous urogram), or

angiogram. If so you may need to take premedication starting the day before the study. If you are taking any blood thinners consult with your doctor as these usually need to be stopped at least 3 days prior to the exam. You may need a blood test prior to the exam to make sure your blood will clot normally. Certain antipsychotic and antidepressant medications should be stopped 48 hours before the myelogram since these can increase the risk of a seizure. Check with your doctor if you think you may be on one of these medicines. All medications can be resumed 24 hours after the procedure. Do not have anything to eat or drink after 8 a.m. on the morning of your myelogram. Bring any recent MRI, CT, or x-ray studies of your spine to your appointment.

What should I do after the myelogram?

You may not drive yourself home after the procedure. You will need to arrange with someone to drive you home. You should rest in a reclining position, similar to lying with 2 or 3 pillows, for the remainder of the day. Drink plenty of fluids. You may resume regular activity after 24 hours.

What if I have questions?

Between 8 a.m. and 5 p.m. call 202-444-3420 and ask to speak with the neuroradiologist. After hours call the page operator at 202-444-PAGE(7243) and ask for the diagnostic neuroradiologist on call.