Patient Prep & Instruction Manual
Scheduled Test: Percutaneous Vertebroplasty / Kyphoplasty

Date:_____________  Time:_____________

Where: Report to the Admissions Department on 1 Silverstein. From there you will be sent to the Radiology Reception Area on the Ground Floor of the Dulles building.

Purpose: A Percutaneous (through the skin) Vertebroplasty or Kyphoplasty is an interventional procedure intended to stabilize painful vertebral compression fractures caused by trauma, osteoporosis or tumors.

Preparation: The day before your procedure is scheduled, a doctor from the Neuroradiology Department will telephone you to explain the test to you, go over your medical history, go over the medications you take, and will tell you when to stop eating and drinking (usually at midnight). Be sure to tell the doctor about any allergies you may have, especially to contrast dye or shellfish, or if you are diabetic. Occasionally, the time of your procedure may change; the doctor will let you know what time you should arrive at the hospital.

Procedure: The procedure takes about one to three hours. When you get to the Neuroradiology Department the doctor will go over the consent form with you and answer any questions you may have. You’ll then change into a hospital gown. Please leave all your jewelry at home with the exception of your wedding band, which may or may not need to be removed prior to your procedure.

You will lie on your stomach on the exam table and the nurse will start an IV and hook you up to monitoring equipment. You will receive sedation through your IV to help you relax during the procedure. The radiologist will begin the test by injecting your back with local anesthetic to make the area numb. Next, two small needles will be placed into the fractured vertebra through a small incision in the skin. During this process the radiologist is continuously visualizing needle placement. When accurate needle placement is obtained the bone cement is injected into the vertebra for stabilization. The needles are removed while the cement hardens and
small dressings are applied to the puncture sites.

After Care: When the vertebroplasty or kyphoplasty is completed you will be transported to the radiology recovery area on a stretcher. You will remain flat in bed for 1-2 hours and will remain for approximately 4 hours post vertebroplasty while you recover from the procedure. If a kyphoplasty procedure was performed you will remain in the hospital overnight for observation.

Your nurse will check your temperature, pulses, blood pressure and puncture sites frequently. You may resume your normal diet.

You should be able to go home 4 hours after the vertebroplasty procedure and 24 hours after the kyphoplasty procedure.

After you are able to get out of bed, you should take it easy for the rest of the day.

If you are going home the same day, you must have a responsible person drive you home. You may not drive yourself. The day you are discharged you should have someone stay with you for several hours as a precautionary measure.

Please call (215) 662-3064 to speak with a technologist or nurse if you have any questions regarding this exam.

Discharge Instructions

Activity Guidelines:

- Avoid strenuous activity, which includes bending, pushing, stretching or pulling movements for the first several weeks. Examples to avoid would include vacuuming, washing the car, emptying the dishwasher, walking the dog, shoveling snow, and raking the leaves.
- Avoid heavy lifting. Do not lift anything over “5” pounds for the first three weeks after your procedure.
- When you have received clearance for some bending or stretching activity you should remember to reach for things on the floor with “good body mechanics”. Always squat (bending at the knees), to maintain proper body alignment, rather than bending over at the waist.
- When lying flat on your back, it may feel more comfortable with a pillow under your knees to release any strain on your back. When lying on your side a pillow in between your legs may aid in spinal alignment.
- Sitting or standing for longer then 20-30 minutes should be kept to a minimum after the procedure for approximately 3-4 days. You may slowly increase the sitting and standing time while continuing to evaluate your ability and endurance with each increment. Keep in mind if this increase in activity increases your back discomfort a
consultation, decrease in activity or evaluation may be necessary by contacting the Nurse Practitioner.

- Keep the use of climbing stairs to a minimum for the first week, with a slow increase gradually. Climb stairs one at a time, placing both feet on the step before advancing to the next step.
- Walking is good exercise and should be increased gradually with rest periods in between. Avoid inclines or declines while remembering that activity should not increase your back pain.
- You should not drive for one week after the procedure and should receive clearance to resume driving from your Nurse Practitioner or Physician. You may ride in a car for short periods (20-25 minutes). When in the car avoid sitting in one position for too long. If you must take long car rides, they should be minimized to 30-45 minutes with a break to stretch at this time which should include a walk for several minutes and change position.
- You may resume sexual activity 3-4 weeks after your procedure.

Physical Therapy:

- Active outpatient physical therapy (if appropriate) will begin 3-4 weeks after the procedure.
- A prescription will be provided for evaluation of your need for PT. If your physical therapist recommends a therapy regimen a prescription will be provided for PT 2-3 times a week for 4-6 weeks or what your insurance company will provide coverage for.
- If you require more physical therapy then 4-6 weeks, you will be referred to your primary medical doctor or a rehabilitation specialist for ongoing care.

Medications:

- Your primary physician is the medical professional you will be requested to contact to provide pain medication for pre and post procedure.
- Your primary physician is the medical professional with which you will be in continual contact with for all of your medical issues and your coordinator in your ongoing health status. We can work closely with your general practitioner to collaborate the most appropriate plan of care for you.
- If pain continues to be a daily problem with no noticed alleviation or resolution, you may be referred to the appropriate service for the most effective care.

Questions:

- Any other questions may be directed to your Physician or their Nurse Practitioner. During regular business hours, you should call the Interventional Neuroradiology Department directly at (215) 662-3064.
- The Nurse practitioner’s office number is (215) 662-3572. If a message is left the usual call back time is within 24 hours.
• If the call is urgent this needs to be stated at the time of the call with a return number provided and the issue will be addressed as quickly as possible (pain unrelieved with medication, wound drainage, temperature over 101.5, or new neurological symptoms).
• For an urgent call contact the main Interventional Neuroradiology Department (215) 662-3064 during working hours (7am-4pm). For an urgent call after hours, call (215) 662-4000 and ask to speak to the Neuroradiologist fellow on call.