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Cervical, Thoracic, and Lumbar Discography Information

What are the discs?

The discs are soft, cushion-like pads which separate the hard vertebral bones of your spine. A disc may be painful when it bulges, herniates, tears or degenerates and may cause pain in your neck, mid-back, low back and/or arms, chest wall, abdomen and legs. Other structures in your spine may also cause similar pain such as the muscles, joints and nerves. Often, we will have first determined that these other structures are not your sole pain source (through history and physical examination, review of x-rays, CT/MRI, and/or other diagnostic injection procedures such as facet, sacroiliac joint injections, and nerve root blocks) before performing discography.

What is discography and why is it helpful?

Discography confirms or denies the disc(s) as a source of your pain. It is a relatively simple procedure that uses a small needle to inject contrast dye into your disc. MRI and CT scans only demonstrate anatomy and cannot absolutely prove your pain source. In many instances, discs are abnormal on MRI or CT scans but are not a source of pain. Only discography, which is a functional test, can tell if the disc itself is a source of your pain. Discography is usually done only if you think your pain is significant enough for you to consider more advanced treatment options directed at the disc itself.

What will happen to me during the procedure?

An IV will be started so that antibiotics (to prevent infection) and relaxation medicine can be given. You will lie on your back for cervical discography, or on your stomach for thoracic and lumbar discography. Your skin will be cleansed with an antiseptic solution. The physician will then numb a small area of skin. Next, the physician will use x-ray guidance to direct a small needle into the center of your disc. You may feel temporary discomfort as the needle passes through the muscle and other soft tissues near your spine. The physician may repeat this at several adjoining disc levels. After the needles are in their proper locations, a small amount of contrast dye is injected into each disc. If a disc is the source of your usual pain, the injection will temporarily reproduce discomfort in the area of your usual symptoms. If a disc is not the source of your pain, then the injection will not produce any discomfort, or will not reproduce your usual symptoms.

What should I do and expect after the procedure?

Immediately afterwards, you may be taken for a CT scan so that the anatomy of your disc can be better appreciated. One the day of the injection, you should not drive and should limit your activities. Over the next 2-3 days, your muscles may be sore and your usual pain aggravated. Ice will usually be more helpful than heat during this period. You can take your regular pain medicine as prescribed. You will also be given, if desired, a prescription for stronger pain medication. One the second to third day, you may return to your regular activities. Your soreness should improve by the third day and your pain should return towards your baseline level. When your pain is improved, start your regular exercises/activities in moderation.