

Medical help via your GP / local minor injuries unit should be sought if there are any signs of the following:

- Excessive bleeding from the site
- Increased pain, swelling, redness or warmth
- Swelling in the neck, armpit or groin
- Fever / chills

If you are unable to attend this appointment please let the department know ASAP, the appointment can be used by another patient.

Useful contact numbers

X-Ray / Ultrasound **020 8909 5443**

MRI / CT / Nuclear Medicine **020 8909 5801**

DXA **020 8909 5476**

Pre operative assessment **020 8909 5630**

NHS

**Royal National
Orthopaedic Hospital**
NHS Trust



A patient's guide to

Myelogram

If you would like this leaflet translated into another language/large print, please contact the Quality Team on 020 8909 5439.

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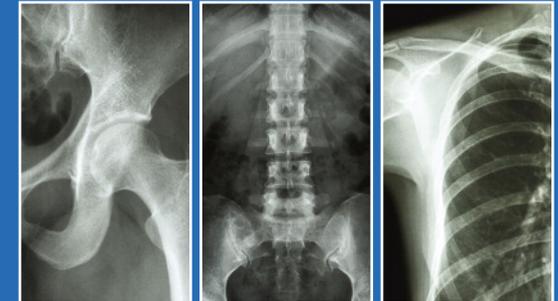
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A Myelogram is a procedure that uses radiation to demonstrate distortions or abnormalities of the spinal cord and nerve roots. This is done using an x-ray dye (contrast) injected into the fluid around the spinal cord and nerves. This procedure can be done using Fluoroscopy and/or CT and is followed by a CT.

Before the procedure

We require you to contact the department if any of the following apply to you, if the department is not contacted before the appointment and any are applicable to you the appointment may be cancelled:

- You are taking anti-coagulants (blood thinning medication) such as **Warfarin, Aspirin, Clopidogrel, Rivaroxaban** or **Apixaban**
- If you have recently been diagnosed with a DVT or a suspected DVT and your medication is still ongoing.
- You are on or have recently been taken off **Antibiotics**
- If you have had a reaction to contrast in the past
- You have a concern you may have an infection
- Any allergies to medications.

Contact number: **020 8909 5801**

For this procedure you will be admitted to a ward the morning of the myelogram. You will be allowed to leave the same day providing there are no complications (which is very rare).

When you have been admitted you will be called to the scanning / x-ray department at the time of your scan, this can be any time between 9 and 1.

In the room

You will be asked into the room where a nurse / helper / radiographer will help you change if required. They are there to help with the procedure and ensure you are at ease throughout.

The radiologist will carry out the procedure. If you have a latex allergy please inform the staff in the room.

The procedure an x-ray will be used to locate the area the injection needs to be placed in. The radiologist will use a permanent marker to mark the injection site.

The second part of the procedure uses an aseptic (clean) technique which includes using a needle to inject the contrast into the area where it is needed. Your skin will be washed and a sterile cover will be placed over the area of entry. Local anaesthetic will be injected to numb the area to be examined, which may sting for a couple of seconds before it goes numb. After this it is normal to feel some pressure during the procedure but it should not be too painful.

A needle will be positioned into the space around the nerve roots and spinal cord.

The contrast may be injected at multiple levels depending on what the referrer is looking for. A dressing is used at the end of the procedure.

You will be sent back to the ward after the procedure when you can be monitored for a short time and asked to lie flat. The scans will be analysed by the radiologist.

Important aftercare

The area that has been injected may be sore for a few days. Keep the plaster on for the rest of the day.

Normal pain medication can be taken as usual. You can experience a mild headache which will usually resolve by itself. It is often relieved by caffeine or paracetamol, and drinking plenty of fluids. Very rarely it will need further treatment.

Drink at least 6 glasses of fluid (no alcohol) over 12 hours following the procedure.

Avoid any strenuous physical activity for 48 hours; no exercising, heavy lifting, or repeated bending.

If you develop a headache that persists more than 24 hours, in particular one that is worse on sitting or standing, and better when lying down, or a fever, contact the department/ or your doctor.

The results will be available for the outpatient appointment with your consultant after the procedure. If you do not have a follow up please contact the consultant's secretary.