Frankston Pain Management **Suite 7, 20 Clarendon St, Frankston, Vic, 3199**
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Pump Debugging, Catheter Myelograms and Local Anaesthetic Injections

PROCEDURE:
Pump debugging and catheter myelograms are generally indicated and performed when there is an unexpectedly large residual volume, a pump stall is suspected, sudden loss of pain relief or there is unexpected onset of withdrawal symptoms.

The procedure involves a telemetric review of the pump logs, accessing the pump reservoir to compare the expected and actual residual volumes, a rotor test on Synchromed pumps, accessing the pump sideport, attempts to aspirate fluid, perform a contrast catheter myelogram, inject 5-10mL normal saline to disrupt adhesions and inject a small volume of local anaesthetic through the catheter under x-ray guidance to determine if the catheter is patent and the pump is working properly.

It is usually performed in an operating theatre as a day procedure but may on occasions be performed in a radiology department. Occasionally a nuclear medicine scan may be required.

Ladies, if there is a chance of you being pregnant, please tell us before the procedure.

Check http://www.fpmx.com.au/solutions.html#diagnostic-procedures **for more information**

RISKS:
The pump debug and myelogram are generally well tolerated.
The main risk is the very small chance (< 1%) of fitting. If this happens, it may require hospitalisation.
There may be an unwanted bolus medication effect, if the drug in the catheter can't be aspirated before the injection of contrast.
The injection of local anaesthetic may give a small volume spinal anaesthetic with numbness and weakness lasting several hours.
Occasionally, some people feel generally unwell following myelograms and hospitalisation for a day or two may be required.

POST PUMP DEBUG/MYELOGRAM INSTRUCTIONS:
1. The procedure is generally performed in the morning and the patient is normally observed for 4 hours after the procedure. If all is well, the patient is then allowed to go home to rest in bed, with the head of the bed elevated at least 30^{o} for 24h.
2. Protect and support the affected area if weakness or paralysis occurs.
3. The patient should avoid strenuous exercise for 24 hours, then gradually resume normal activity.
4. If the patient complains of a postural headache - lying flat (supine) may provide rapid relief.
5. Headaches may be treated with appropriate analgesics, such as paracetamol or aspirin.
6. Drink 2-3 litres of fluids and follow normal diet.
7. Pulse, BP, Respiration and sedation are to be checked 1/2 hourly for 4hours, 4 hourly for 12hour.
8. Report: hives, skin rash, swollen eyes or wheeze (bronchospasm).
9. There is a small chance of fitting and drugs that lower the seizure threshold including phenothiazines like Stemetil and Largactil should be avoided for 1-2 days after Myelograms.