

## VERTEBROPLASTY

**Q1 What is Vertebroplasty?** Vertebroplasty is a nonsurgical therapy performed under fluoroscopy to strengthen damaged vertebra. More information is available at <http://www.fpmx.com.au/frankston-pain-management-services.html>

**Q2 What are the Benefits of Vertebroplasty?** Vertebroplasty has the advantage of achieving both rapid pain relief and restoring bone strength. 90% of patients become completely pain free 2-3 days post procedure. Over several weeks, patients can expect a marked decrease in their doses of pain medications, and can expect to increase mobility and activity levels. Vertebroplasty cannot correct curvature of the spine caused by osteoporosis, but may help to prevent worsening curvature. The procedure treats only the fractured vertebra and does not prevent future compression fractures.

**Q3 What are the Risks of Vertebroplasty?** Vertebroplasty is safe and effective in most cases, the procedure should be performed only if a patient has back pain that significantly impairs mobility and quality of life. Significant complications from vertebroplasty are rare. Vertebroplasty short term complication rates have been reported at less than 10%. The doctor performing the vertebroplasty will explain the risks involved and answer any questions.

Potential complications include bleeding, infection, and worsening of pain. In patients with severe osteoporosis, rib or vertebral fractures can occur. Since the cement is injected as a liquid, it can leak out of the vertebral body into surrounding tissues and veins, which may lead to the nerve roots or the spinal cord being irritated or compressed. In very rare cases, the cement may leak into the lungs causing pulmonary embolism.

**Q4 Do I take my usual medicines?** Please take your normal medications with a sip of water, except for blood thinners or diabetic medicines which need specific instructions from your doctor. Blood thinners such as **Warfarin or Clopidigrel** must be stopped at least one week before your vertebroplasty. The vertebroplasty will be cancelled if you keep taking blood thinners. **Please bring a list of your current medications with you.**

**Q5 Can I eat or drink before the procedure?** Please have nothing to eat or drink for 4 hours before the treatment.

### PREPARATION:

The doctor performing the vertebroplasty will need to talk to you prior to the procedure to ensure you are suitable for the vertebroplasty and will need to ask you questions about your medical history.

It is essential that you have recent plain radiographs, CT and MRI. Some patients, in particular those with pacemakers, may need examination under fluoroscopy or a bone scan. A bone scan or MRI showing activity in the fracture is essential to determine if the fracture is likely to respond to treatment and which fracture to treat in a patient with multiple fractures over an extended period.

**Please bring any relevant films and your referral to your appointment.**

### PROCEDURE

The vertebroplasty is usually performed in the morning. You will need to lie face down for one hour. Our staff will make you as comfortable as possible. After using a local anaesthetic to numb the area, a needle will be directed into the fractured vertebrae, and then the cement is injected.

The longest part of the procedure is setting up the equipment and positioning the needle. The actual injection of cement takes only 10 minutes. We may need to obtain a CT scan after vertebroplasty to evaluate the distribution of cement.

### AFTERCARE

You will need to stay with us for one to two hours after the procedure to make sure there are no complications. You **MUST** have someone else drive you home at the end of this observation time and be able to rest until the following morning. It is recommended that someone else be available during this time should you require any assistance. If you live out of town it is recommended that you stay overnight in Frankston/Mornington.