

PATIENT INFORMATION

Vertebroplasty

What is a vertebroplasty?

This is an injection of special cement in to the bones in your spine. This is designed to relieve pain and may prevent further collapse of the vertebrae.

Why do I need a vertebroplasty?

Vertebroplasty is used to treat compression fractures of the spine. A compression fracture is where the vertebra (bone of the spine) has collapsed down upon itself.

Compression fractures of the spine can be caused by osteoporosis, or cancer. Your doctor will explain the cause of your compression fractures to you. Vertebroplasty is used when conventional pain relieving treatments have failed.

Who has made the decision?

The consultant team in charge of your case will have referred you on to the radiologist carrying out your vertebroplasty. If after discussion with the radiologist you decide you do not want the test you can decide against it.

What are the alternatives?

The only realistic alternative is pain relief and to wait for the crush fracture to heal.

Who will be performing the vertebroplasty?

The procedure is carried out by a radiologist (a doctor who specialises in x-ray procedures). The radiologist will explain the test to you before he starts, and answer any questions you may have.

The x-ray equipment is operated by a radiographer. Radiology nurses will also be present during the procedure. These members of staff will introduce themselves at the start of the examination.

Occasionally student radiographers or medical students will be present to observe the procedure.

Where will it take place?

In the fluoroscopy room of the Medical Imaging Department

How do I prepare for a vertebroplasty?

- A couple of weeks before the procedure you will need an MRI (magnetic resonance imaging) scan. This is done to confirm the presence of compression fractures and allows the doctor to assess your suitability for the procedure.
- After your MRI scan you will be seen by a radiologist who will assess if vertebroplasty is suitable to treat you.
- It is important that you have read the section 'What problems can occur after the procedure?' and to ask any questions you have.
- Vertebroplasties can be performed as an outpatient / day case.
- You will have had some blood tests performed before the procedure to check that you do not have an increased risk of bleeding.
- You are asked not to eat for 4 hours prior to the procedure. You may drink a little water.
- You will need someone to drive you home and to look after you for 24 hours.

- Occasionally you may need to stay overnight if necessary.
- If you have any allergies or you have previously reacted to intravenous contrast medium, you must let the doctor know. Intravenous contrast medium is the injection we give you during some scans.
- If you are diabetic, please contact the Medical Imaging Department on **01392 402336 selecting option 2, in-patient enquiries and then option 8 for the radiology nurses.**
- If you normally take any medication to thin your blood (anticoagulation or antiplatelet drugs) such as: **warfarin / clopidogrel / aspirin / non-steroidal anti-inflammatory drugs (NSAIDS / brufen / ibrufen / nurofen) / dabigatran (Pradaxa) / rivaroxiban (Xarelto) / Apixaban (Eliquis) / phendione / acenocoumarol** – then these may need to be stopped or altered. Please seek the advice of your hospital consultant or nurse specialist as soon as possible, ask your GP, or contact the Medical Imaging Department on **01392 402336 selecting option 2, in-patient enquiries and then option 8 for the radiology nurses.**
- After discussion with your GP or referring clinician, and if it agreed you can safely stop these medications, it is recommended that:
 - Warfarin is stopped 6 days prior to your procedure
 - Aspirin is stopped 7 days prior to your procedure
 - Clopidogrel is stopped 7 days prior to your procedure
 - NSAIDS are stopped 2 days prior to your procedure
 - Rivaroxaban (Xarelto) and Apixaban (Eliquis) are stopped 2 days before your procedure.
 If you are taking Dabigatran (Pradaxa) please consult your doctor or contact the Medical Imaging Department on **01392 402336 selecting option 2, in-patient enquiries and then option 8 for the radiology nurses.**
- Other medication should be taken as normal.

Can I bring a friend or relative?

Yes, but for reasons of safety they will not be able to accompany you into the x-ray room.

Valuables

Patients are encouraged to leave their valuables at home. It is the patient's responsibility to ensure all valuables are on their person before leaving the Medical Imaging Department

Cancelling your appointment

If you are unable to attend your appointment, we would be grateful if you could contact us on **01392 402336 selecting option one**, as soon as possible. We can then offer your original appointment to another patient. A further date and time will then be arranged for you. Please be advised that if you fail to attend your appointment, it may be necessary to remove you from the radiology waiting list.

Please note: If you have had D&V (diarrhoea and vomiting) you will need to contact us to rebook your appointment unless you have been clear for the past 48 hours.

What actually happens during a vertebroplasty?

Vertebroplasty is performed in hospital by a consultant radiologist.

He/she will explain exactly what will happen and you will be asked to provide consent. Do not feel afraid to ask about anything that worries you.

The procedure is carried out under local anaesthetic, which numbs the area to be treated, together with some sedative. You will have to lie face down for the procedure. A nurse will be with you throughout the procedure.

A hollow needle is introduced into the crushed vertebrae through the skin of the back. The doctor is able to guide the needle to the correct place by using special x-ray equipment. Surgical cement is then injected into the bone.

Will it hurt?

The local anaesthetic will sting but should make the tissues numb.

How long does the procedure take?

The procedure should take a minimum of 45 minutes, but may take longer depending on the number of levels treated.

What happens afterwards?

Immediately after the procedure, a CT scan is performed to check the position of the cement. You will then be taken back to the ward or the recovery bay in radiology, where you should rest for a few hours following the procedure. You are likely to have some discomfort in the areas of the wounds. You should tell the nurses if you require painkillers.

You can return to all your normal activities as soon as you feel able. You can bath/shower 48 hours following the procedure. If you are allowed home on the same day you will need someone to stay with you for 24 hours. This is because of the sedation that you will be given.

What will happen to the results?

A report of the procedure will be recorded in your records immediately and also sent to your specialist within 48 hours.

We aim to report examinations, as soon as possible. Results will be sent to the Doctor who referred you for the investigation, as they may need further review and therefore it could be approximately 20 days before you are contacted by your Doctor.

What should I do if there is a problem?

If there is a problem such as increasing pain, fever or inflamed or discharging wounds, it is best to contact your family doctor first, who will refer you to the hospital if necessary. If you are unable to get urgent attention from a General Practitioner, then come to the Emergency Department.

Are there any risks or complications?

As with all surgical interventions there are risks associated with this procedure. The risk of complications occurring is thought to be less than 0.5%.

Reported complications include:

- Pulmonary embolus - cement blocking the blood vessels to the lungs
- Leakage of the cement can damage the spinal cord, nerves and discs of the spine
- Allergic reactions to the drugs or cement used
- Infection
- Rib fractures

Finally...

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

Contact us

If you have any queries or concerns you can contact us on **01392 402336**.

How to get to the Royal Devon & Exeter Hospital at Wonford

Park & Ride

Our Dartline PR3 Park & Ride bus is quick and not expensive.

It runs from Wonford Hospital to Digby. Digby is near Tesco, the railway station and junction 30 of the M5. There are signs along some of the main roads into Exeter pointing to the RD&E park and ride.

The park and ride service runs from Monday - Friday. **There is no service at the weekend.**

By bus

Stagecoach buses H Service run to Wonford Hospital from the high street in the city centre Monday to Saturday. Limited Sunday service. They also run to Wonford Hospital from the Broadfields area.

Stagecoach buses from Exmouth (57), Dawlish (2), Torbay (X46), Teignmouth (2) and Plymouth (X38) stop next to the hospital on Barrack Road.

First Southern National bus X53 from Weymouth, Seaton, Beer and Sidford stops next to the hospital on Barrack Road. Turner's Tours bus 369 from Chulmleigh, Lapford, Morchard Bishop and Crediton stops next to the hospital on Barrack Road and outside the main front entrance of the hospital.

By car

Follow signposts to the hospital from most of the main routes into Exeter. Follow signposts in the hospital grounds to our car parks.

Car parking is by pay & display, so please bring change.

The number of spaces is limited, so please leave plenty of time to find a space.

Using Sat Nav to find us?

Tap in postcode: EX2 5DW for RD&E Wonford

For more information on how to get to the hospital, please use the following website:

www.rdehospital.nhs.uk/patients/where

For more information on the Medical Imaging Department, please visit our website:

www.rdehospital.nhs.uk/patients/services/medical-imaging

*This leaflet was modified with acknowledgment of,
and permission from, the Royal College of Radiologists.*

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