



S O U T H W E S T
Spine & Sports

Provocative Discography

What is provocative discography?

Provocative discography is also termed discography or discogram. Provocative discography is a diagnostic test to help identify the source of pain. Physiologic information is gathered by assessing the patient's pain response during the test. Additionally, anatomical information is obtained by correlating pain response, if obtained, with imaging seen on fluoroscopy (X-ray) during the study. Often a post-discography CT scan is obtained to further study the internal architecture of the disc.

Why do I need a discogram?

This procedure is reserved for patients who have not responded to medications and conservative treatments, such as physical therapy, and for potential candidates of further treatments such as IDET, nucleoplasty or other surgical procedures. The discogram deliberately provokes your pain symptoms in order to pinpoint their source in the intervertebral discs. The procedure is designed to create a roadmap to show the physician where pain patterns are originating, making the discogram an excellent planning tool.

What is the typical procedure?

Once your provider determines you are a candidate for a discogram, an appointment will be made for you in an outpatient surgery center. You are generally given an intravenous medication to help you relax for the procedure. You will be watched closely with an EKG monitor, blood pressure cuff and blood oxygen monitoring device. You will **not** be asleep during the procedure. A local anesthetic will then be injected into the skin in the area that is being examined. A needle is inserted through a previously placed needle in the skin and into the disc under fluoroscopy (X-ray). A contrast solution with antibiotic is injected into the disc or discs to be examined. A CT scan is usually performed after the dye is injected to obtain images of the dye distribution. This may demonstrate annular tears, scarring, disc bulges, and changes in the nucleus of the disc. The discogram procedure can detect problems within intervertebral discs that may appear normal on MRI films.

What will I feel during the injection?

When a normal disc is injected, you will feel a sense of pressure, but not pain. When an abnormal disc is injected, you will feel pain. It is important to tell your doctor if the pain you are feeling is your usual pain or if it is different. With each disc injected, you will be asked if it is painful, where you feel pain, and whether it is in the same area as your usual pain.

How many discs will be injected?

Based on your symptoms and your MRI, we will identify which discs we suspect are causing your pain. These discs will be injected. In addition, we inject a normal disc to serve as a control.

What is actually injected?

The injection consists of X-ray dye and an antibiotic to prevent infection. A local anesthetic may be injected as part of the study or afterwards to help relieve pain. There may be injection of a small amount of steroid into the disc at the conclusion of the procedure to also help with inflammation and pain control.

How long does the procedure take?

Typically the procedure takes about 45 minutes. If a follow up CT is ordered, that will take an additional 30 minutes. You will typically be at the procedure center for at least three hours.

What are the risks of discography?

As with any procedure, there are some inherent risks, although most of these are minimal. Common risks include but are not limited to bruising, bleeding, headaches, irritation of a nerve or nerve injury, including paralysis, numbness and weakness. Risks also include infection or reactions to the medications which may cause breathing difficulties and cardiac difficulties which may lead to death. An infection could require the use of antibiotics and/or surgery. Serious risks and complications are extremely rare, however.



Small needles are guided into the intervertebral discs under fluoroscopy for the discography. A contrast material will show abnormalities of the disc.