

Interventional Vertebroplasty

Your doctor would like you to have a Vertebroplasty and has arranged for you to visit our department. We would like your visit to be as pleasant as possible and hope this leaflet will answer some of the questions you may have. Should you have any questions regarding your appointment please contact us on the appropriate telephone number below:

Eastbourne DGH Appointments: 01323 414917
Conquest Hospital Appointments: 0300 131 4500 ext. 147422

What is a Vertebroplasty?

The spinal column is composed of multiple bones called vertebrae. Percutaneous vertebroplasty is a minimally invasive procedure used to treat the pain associated with vertebral compression fractures caused by osteoporosis or tumours. Individual vertebra weakened by disease can collapse suddenly under the force of normal daily activity, the resulting intense pain causes limited mobility and other significant reductions in the quality of life.

During vertebroplasty the collapsed vertebra is stabilised with specially formulated acrylic bone cement which is injected into the fragile fracture site. It will harden and permanently stabilise the fracture thus giving significant reduction, or complete relief, of back pain. In addition to providing pain relief vertebroplasty can prevent the further collapse of the vertebra, height loss and spinal curvature.

Who will be doing the vertebroplasty?

A specially trained doctor called an interventional radiologist. They have particular expertise in performing procedures under image guidance. There will also be at least one specially trained nurse and a radiographer in the room during the procedure.

Where will the procedure take place?

This procedure will take place in the angiography suite within the x-ray department. This is similar to an operating theatre into which specialised x-ray equipment has been installed.

How do I prepare for a vertebroplasty?

You will need to be admitted to hospital either as a day case or for an overnight stay.

- For **morning admissions, please do not eat or drink anything from midnight** – you can drink water for up to four hours before the procedure.
- For **afternoon admissions**, you may eat a light breakfast but **please do not eat anything after 6am** – you can drink water for up to four hours before the procedure.

Take your medicines as normal, with a sip of water, unless your doctor or nurse tells you not to.

If there is a possibility you could be pregnant, please inform the radiology department before the procedure.

If you have any allergies, you must let your doctor know. You must also tell your doctor if you have previously had a reaction to intravenous contrast medium, the dye used for certain x-rays and CT scanning.

If you are taking warfarin or any other blood thinning medication, please call the interventional radiology department.

What actually happens during a vertebroplasty?

Before the procedure, the interventional radiologist will explain the procedure and related risks and ask you to sign a consent form. Please feel free to ask any questions that you may have, and remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that the radiologist can give you a sedative or painkillers should this be necessary. Once in place, this will not cause any pain.

You will lie on an x-ray table usually face down, or maybe on your side. The Radiologist will keep everything as sterile as possible, and may wear a theatre gown and operating gloves. The skin near the point of insertion will be cleaned with antiseptic, and then most of the rest of your body will be covered with a theatre sheet.

A local anaesthetic is used to numb the affected area of the back, where the Radiologist will insert one or two needles through a small incision in your skin. Under x-ray guidance the Radiologist will advance the needle into the fractured vertebra. When the needle tip is in position, the Radiologist will inject a small amount of contrast (a special dye that shows up on x-rays) to make sure the needle is in the right place, and will then slowly inject a small amount of bone cement into the vertebra. This bone cement has a small amount of contrast mixed with it so that the Radiologist can see when enough cement has been injected. The bone cement hardens quickly. The needle is then removed and gentle pressure applied over the puncture site. No stitches are required, just a small plaster.

What are the potential risks?

Vertebroplasty is a safe medical procedure, but there is always a small risk of complication.

In a very small minority of patients the cement can leak into the lungs and cause some breathing problems, or into the spinal canal and press on the nerves or spinal cord, causing some weakness in the legs. This is quite uncommon, and you may rarely need a second operation to decompress the nerves if this happens

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon wears off and the skin and deeper tissues should then feel numb. After this, the procedure should not be painful.

There will be a nurse, or another member of clinical staff, in the interventional suite and looking after you. If the procedure does become uncomfortable for you, then they will be able to arrange for you to have some painkillers through the needle in your arm.

How long will it take?

Every patient's situation is different and it is not always easy to predict how complex or how straightforward the procedure will be. Each vertebra takes about half an hour, so treatment of multiple vertebral fractures takes longer. As a guide, expect to be in the x-ray department for about an hour and a half altogether.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in bed for a few hours, until you have recovered.

You will most probably be allowed home on the same day, but sometimes need to stay in hospital overnight. You will not be able to drive yourself home but should arrange if possible to be collected.

What should I do when I go home?

When you get home you should:

- Rest for a minimum of 24 hours and if possible do not go to work on the day after the procedure.
- **Your activities at home can be increased as tolerated, but do not attempt any strenuous activity or heavy lifting for at least one week.**
- It is recommended that someone stays with you overnight, particularly if you had sedation.
- Continue with your normal medication as prescribed, and pain relief if necessary. If you take anticoagulants, restarting these will be discussed with you before you are discharged.

What do I do if I have a problem at home?

If you have severe pain, swelling or are concerned please go to your nearest emergency department.

Sources of information

British Society of Interventional Radiology

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4500 Ext: 734731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Mo Faris, Consultant Interventional Radiologist, ESHT

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Dr Ben Salt, Consultant Interventional Radiologist, ESHT

The directorate group that have agreed this patient information leaflet:

Diagnostics, Anaesthetics and Surgery Division

Next review date: April 2023

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