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MICRONEUROSURGERY  
CRANIAL SURGERY  
SPINAL SURGERY  
SPINAL INSTRUMENTATION

## Discography and Facet Blocks

The purpose of these tests is to determine if a diseased disc or facet (articulating joint in the spine) is the source of ongoing spine pain. This is accomplished by injection of an analgesic medication into the disc or joint to “freeze” the small pain fibers in the area. If the anesthetized area is the source of your pain, while the anatomy is anesthetized, you should be able to engage in many of the activities that usually provoke your pain. The duration and amount of relief varies for everyone and you will be asked to report the effect of your test.

You should report to the Radiology Department at the hospital on the day of your test. There is no special preparation for the test. You should eat a light breakfast or lunch on the day of your test. You may take your regular medications. If you are using pain medications regularly, you should try to not take them within four hours of your test. Please arrange for a ride home from the hospital after your study. **You should not drive yourself!**

### Discography

The discs are the “soft” tissue between the vertebral bodies. Their consistency is like crab meat. Sometimes degeneration of the disc causes pain. Sometimes a portion of the disc may bulge from its firmer fibrous outer portion and cause pain. For cervical discography (neck), you will be lying on the x-ray table on your back with a small pad beneath your neck. For lumbar (lower back) discography, you will be lying on your side or stomach. After washing the skin with an antiseptic solution, the entry point will be given an anesthetic through a small needle to minimize your discomfort. The test needle is then positioned into the suspected disc using fluoroscopic guidance. This insures a low risk placement of the needle in the disc space. After confirming the proper placement of the needle, the disc will be injected with the analgesic medication and contrast (a dye that can be seen on x-ray). Following these injections, you will be taken to CT Scan (also known as CAT Scan) room for more pictures. This provides additional structural information about the disc. The accompanying form needs to be filled out on the day of your test. It will give your doctor a clear idea how the test affected your pain. After leaving the hospital, you may not drive. However, you should attempt some of the activities, which usually provoke your pain.

## **Diagnostic Facet Blocks**

The facets are the articulating joints between the vertebral segments. Sometimes they can be the source of pain. The purpose of a diagnostic facet block is to determine if the facet is generating your pain. For this test, you will be placed on the x-ray table on your stomach or on your side. After washing the skin with an antiseptic solution, the entry point will be given an anesthetic through a small needle to minimize your discomfort. The test needle is then positioned at the facet joint(s) being tested by using fluoroscopic guidance. This insures a low risk placement of the needle in the joint capsule. After confirming the proper placement of the needle, the joint will be injected with the analgesic medication. Sometimes, a steroid is also injected to provide an anti-inflammatory medication around the facet. The accompanying form needs to be filled out on the day of your test. It will give your doctor a clear idea how the test affected your pain.

This information is meant to be a guide to discography and diagnostic facet blocks for patients in our practice. We hope that you find it helpful. It is not a substitute for medical care by a professional. For more information, visit our web site, [www.neurosurgical-consult.com](http://www.neurosurgical-consult.com).

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**Discography and Facet Block Reporting Form**

**Patient's Name:** \_\_\_\_\_

**Date of Test:** \_\_\_\_\_

**Time of Injection(s)** \_\_\_\_\_

**Type and Level of Injection(s)** \_\_\_\_\_

**Doctor Who Performed the Injection(s)** \_\_\_\_\_

**How much of your pain was relieved by the injection(s)?** \_\_\_\_\_ %

**How soon was your pain relieved by the injection(s)?** \_\_\_\_\_

**What time did your symptoms begin to return?** \_\_\_\_\_

**What time did your symptoms return to their usual level?** \_\_\_\_\_

**Please list activities you engaged in during the time between leaving the hospital after the injection and return of symptoms. Place an asterisk (\*) beside those activities you might not have been able to do before the injection(s). Use the back of this page for additional comments. Remember to bring this with you to your next office appointment.**

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