

# VERTEBROPLASTY

## Frequently Asked Questions

*Historically, patients with compression fractures were treated with strong pain medication, prolonged bed rest, or invasive spine surgery. In some cases a fracture heals with out invasive treatment and the pain goes away. In others, the bone does not stabilize and continues to move, causing persistent pain. The pain and loss of movement that often accompany bone fractures are perhaps the most debilitating.*

*Vertebroplasty is a relatively new, minimally invasive procedure providing an alternative to failed conservative treatment. Vertebroplasty is a technique that involves injecting a cement-like material into the center of a collapsed vertebra to stabilize and strengthen the weakened bone of the vertebrae. The cement used for this procedure has been safely used in many other orthopaedic applications for over 25 years. Vertebroplasty provides, in most cases, long-term pain relief and allows patients to resume their normal activities within days of treatment.*

**What are vertebrae?** *Vertebrae are the bones that join together to make up the spinal column.*

**What is a compression fracture?** *A compression fracture of a vertebra means the bone has collapsed or is crushed. Compression fractures most often occur in the lower and mid-spine where the vertebra become brittle as a result of osteoporosis or low bone mass.*

**Am I a Candidate for Vertebroplasty?** *If you have a vertebral compression fracture in either the mid (thoracic) or lower (lumbar) region of your spine, you may be a candidate for vertebroplasty. The procedure is not recommended for patient with fractures in the upper (cervical) spine.*

**Does the procedure require diagnostic tests?** *Yes. If you are a candidate for vertebroplasty, your doctor will use diagnostic tests such as x-rays, MRI, and bone scans to pin point the location of the fracture and determine if this procedure is appropriate for you.*

**How is the procedure performed?** *Prior to the procedure, appropriate anesthetic will be given so you will not be awake for this procedure. Your doctor will use sophisticated imaging equipment, called a fluoroscopy machine, to ensure exact placement of a hollow needle into the vertebrae. The sterile liquid cement is then injected into the fractured vertebrae. The cement fills the tiny holes and crevasses of the collapsed vertebrae, hardens, and becomes permanent in approximately 20 minutes. The crushed bone fragments are fused together and no longer abrade against nerve endings when you move, this is what alleviates your pain. The cement forms a supportive structure that prevents further collapse. More than one vertebrae can be treated in one procedure. The entire procedure takes approximately 1 hour to complete.*

**What are the risks involved?** *As with any medical procedure, there are risks, side effects, and possible complications. For specific risks please speak with a nurse in the office.*

**How will I feel after the procedure?** *After the procedure, you will be expected to lie flat for the first 2-3 hours. You may experience some discomfort or bruising at the needle puncture site during the first few days. An ice-pack can help relieved this discomfort. Most people can gradually resume their normal activities within a few days. After several weeks, you may experience a marked decreased in pain and an increase in mobility.*

**When will I return for a follow-up visit?** *You will return for a follow up visit 4-6 weeks after your vertebroplasty.*

**Note:** This procedure cannot be performed if you have an active infection, flu, cold, fever, or very high blood pressure. Please make us aware of these conditions.

**We hope this information helps.**

**Please feel free to contact us for any additional concerns you might have.**