

Patient Information Leaflet

C T Myelogram

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This leaflet tells you about having a Computerised Tomography (CT) Myelogram.

It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

Referral and consent

The referring clinician should have discussed the reasons for this examination with you in the clinic and you should make sure that you understand these before attending. You will be referred to a neuroradiologist for this procedure who is trained and specialised in imaging and x-ray treatments. Before the procedure you will need to sign a consent form. This form says that you need to know what risks are involved. This is a legal requirement and ensures that you are fully informed about your procedure.

If after discussion with your hospital doctor or neuroradiologist you do not want this examination then you can decide against it. If the radiologist feels that your condition has changed or that your symptoms do not indicate such a procedure is necessary then he/she will explain this to you and communicate with the referring clinician. You will return to your referring clinician for review.

At all times the neuroradiologist and referring clinician will be acting in your best interests.

What is a CT Myelogram

A myelogram is an examination which provides detailed information about your spinal cord and nerve roots (the nerves which come off the spinal cord).

Special x-ray dye (contrast) is injected into the fluid filled space around the spinal cord.

A CT scan is then performed and the injected dye can be seen on the scan.

A CT scanner is a type of x-ray machine that produces highly detailed cross-sectional images of the inside of the body.

Are there any risks?

Most patients do not have any side effects during a myelogram. You may experience a headache which will clear up within 1-2 days with rest, paracetamol and plenty of fluids.

Problems that are rare but serious include:

Nerve root damage

Meningitis

Epidural abscess

CSF leak or haemorrhage

We have had no reported cases of the above at Derriford.

CT scanners produce harmful x-rays which can cause tumours to develop in the future. These doses are kept as low as possible and about the same as you experience in your normal day living in the UK over 4-5 years. The benefit of an accurate diagnosis far outweighs the risk.

Women should always inform their referring clinician if there is any possibility that they are pregnant. X-rays can be harmful to unborn babies and so to reduce the risks for women of child bearing age, this procedure is usually performed within the first 10 days of the menstrual cycle.

Allergic reactions to the dye are also possible, but are very rarely serious.

Are you required to make any special preparations?

A myelogram is carried out as a day case procedure under local anaesthetic. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water.

Before coming into hospital, you will have been asked about certain risk factors for vascular disease, unless you have to come into hospital as an emergency. These factors include checking your blood pressure, your kidney function and making sure you are not on treatment for diabetes or blood clots.

If you are taking warfarin, this will be stopped before the procedure and you may require admission to hospital to give you an alternative. If you are diabetic, your doctors will advise you about any changes needed to your normal medication. If you have any allergies or have previously had a reaction to the dye (contrast agent), you **must** tell the radiology staff before you have the test.

Who will you see?

You will be asked to come into the Planned Investigation Unit (PIU) a few hours before your test. A small cannula (thin tube) will be placed in your arm. Bloods will be taken if you haven't already attended a pre-op clinic. You will be changed into a gown once you have a bed on the ward and the porters will bring you down to the radiology department.

A specially trained team led by an interventional neuroradiologist within the radiology department will meet you on arrival.

Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

Where will the procedure take place?

The first part of the procedure to inject the contrast will take place in the interventional radiology suite which is located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

Once the neuroradiologist is happy that the dye is in the correct place you will be transferred onto a trolley and taken for your CT scan.

What happens during a Myelogram?

Before the myelogram, the doctor will explain the procedure. 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 lie on the X-ray table, generally on your left side. The X-ray machine will be positioned above you.

A myelogram is performed under sterile conditions and the interventional neuroradiologist and radiology nurse will wear sterile gowns and gloves to carry out the procedure.

Your skin near the point of insertion on your lower back will be swabbed with antiseptic and then covered with a sterile drape. The skin and deeper tissues over the area will be numbed with local anaesthetic.

A needle will be inserted and guided to the correct position to allow the special dye to be injected.

If cerebrospinal fluid is required for analysis in the laboratory then a small amount can be taken at this point.

Once the doctor is satisfied with the images and position of the dye then the needle will be removed and you will be transferred onto a trolley and taken to CT for your scan.

Will it hurt?

It may sting a little when the local anaesthetic is injected. You may feel a dull ache in your back and a heavy feeling down your legs.

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.

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. Nursing staff will carry out routine observations including pulse and blood pressure. You will generally stay in bed for a few hours, until you have recovered and are ready to go home. It is very important that you do not lie flat in order to prevent a headache occurring.

You will need someone to drive you home and ensure that an able bodied person remains with you until morning.

Other Risks

Myelography is a very safe procedure but as with any procedure or operation complications are possible. We have included the most common risks and complications in this leaflet.

We are all exposed to natural background radiation every day of our lives. This comes from the sun, food we eat, and the ground. Each examination gives a dose on top of this natural background radiation.

For information about the effects of X-rays read the publication:

“X-rays how safe are they” on the Health Protection Agency: website: www.hpa.org.uk

Recommendations following a Myelogram

2 hours bedrest and 2 hours mobilising are recommended after this procedure. You will be observed by the nursing staff throughout. You must drink 1 litre of fluid in this 4 hour period.

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.

Contact

Interventional Radiology Department
01752 437468/792487

Additional Information

Bus services:

There are regular bus services to Derriford Hospital. Please contact

www.citybus.co.uk

www.firstgroup.com

www.travelinesw.com

Car parking:

Hospital car parking is available to all patients and visitors. Spaces are limited so please allow plenty of time to locate a car parking space. A charge is payable.

Park & Ride:

Buses (number PR3) run from the George Junction Park & Ride Mon-Fri (except Bank Holidays) every 20 mins between the hours of 06:45 and 19:05. The last bus leaves the hospital at 19:14.

Patient Transport:

For patients unable to use private or public transport please contact TAPS 0845 0539100.

Comments and Suggestions

We welcome comments and suggestions to help us improve our service. Please fill in a suggestion form or speak to a member of staff. Suggestion forms are located at reception in X-Ray East and West.

Any Questions

If you have any questions please write them here to remind you what to ask when you come for your examination:

This leaflet has been prepared with reference to the British Society of Intervention Radiology (BSIR) and the Clinica Radiology Patients' Liason Group (CRPLG) OF The Royal College of Radiolgoists.

Legal notice

Please remember that this leaflet is intended as general information only. It is not definitive, and the RCR and the BSIR cannot accept any legal liability arising from its use. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please therefore always check specific advice on the procedure or any concerns you may have with your doctor.



**This leaflet is available in large print and
other formats and languages.
Contact: Administrator
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Date issued: March 2017
For review: March 2019
Ref: B-391/Radiology/WJ/CT Myelogram