

Neuroradiology

This pamphlet's purpose is to provide basic information to help you understand your myelogram procedure.

The physicians and physician assistants in the Division of Diagnostic and Interventional Neuroradiology at the University of Rochester Medical Center / Strong Memorial Hospital will answer any questions you may have before they perform your procedure.

If you do have any questions or concerns, please ask during your pre-procedure interview or call us ahead of time at 585-275-5268.

Radiologists:

- ◆ P-L Westesson, MD, PhD, DDS,
Director, Diagnostic & Interventional
Neuroradiology
- ◆ Jeevak Almast, MD,
Attending Neuroradiologist
- ◆ John Deveikis, MD,
Attending Neuroradiologist
- ◆ Sven Ekholm, MD, PhD,
Attending Neuroradiologist
- ◆ Henry Wang, MD, PhD,
Attending Neuroradiologist

Physician Assistants:

- ◆ Stephen D'Ambrosio, MPAS, RPAC,
Physician Assistant
- ◆ Iris Young, RPA-C, Physician Assistant



10/1/09

Directions to Strong Memorial Hospital

From the East:

NYS Thruway (I-90) to Exit 46; I-390 North to Exit 16 (W. Henrietta Rd); right on W. Henrietta Rd (Rte 15); proceed approximately two miles to Elmwood Avenue; make a left on to Elmwood Ave; the hospital will be on your left hand side; parking garage will be on the left.

From the West:

NYS Thruway (I-90) to Exit 47; I-490 East to I-390 South to Exit 16A (E. River Rd.); right on East River Rd. and right on Kendrick Rd; bear left onto Lattimore Rd; one block to Crittenden Rd.; take right on Crittenden, parking garage will be on the left.

From the South:

I-390 North to Exit 16 (W. Henrietta Rd.); right on W. Henrietta Rd (Rte. 15); proceed two miles and make a left on Elmwood Avenue; parking garage will be on the left.

From Parking Garage to the Patient Information Desk (Main Lobby) to the Imaging Sciences Department (Ground Floor)

Take the garage elevators to the 1st floor. Follow the signs to the main lobby. Go through the main lobby passing the information desk. Follow the Red (R) ceiling tags to the red elevators. Take the red elevators to the ground floor. Exiting towards the red corridor turn right and follow the black ceiling tiles marked (x) to the Radiology reception area (G-3300).

NEURORADIOLOGY

University Imaging at Strong Memorial Hospital
601 Elmwood Avenue
Rochester, NY 14642-8648
Telephone: 585-275-5268

Myelogram



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Frequently Asked Questions Regarding a Myelogram

Q. What is a Myelogram?

A. A myelogram is an x-ray study of the spine, that uses dye injected directly into your spinal canal to show where your spinal cord or nerves may be damaged by bone or disc in your spine. It is often used, in addition to an MRI study, to clearly define the structure of the nerves.

Q. What must be done before the Myelogram?

A. The night before and morning of the study, you must drink plenty of fluids. You may have a light meal up to two hours prior to the study, but you must not eat for the two hours just prior to the procedure.

- You must arrange for a responsible adult to drive you home following the procedure.
- You must arrange to bring any prior MRI studies with you for the procedure.
- You cannot return to work after this procedure, and must not engage in any strenuous activities for 72 hours.

Q. Can I take my usual medications before the study?

A. Yes, with a few exceptions:

Coumadin/Warfarin must be stopped at least 4-5 days prior to the study, with permission from the physician who ordered its use. The myelogram will not be performed if it is not stopped as directed.

Lovenox must be stopped 24 hours prior to the procedure. **Compazine**, and other **phenothiazines** must be stopped two days prior to the procedure. Ask your doctor if you have questions about if any of your medicines must be stopped.

Ask your doctor about resuming any medications that have been stopped for the myelogram.

Q. What if I have a contrast allergy?

A. ANY contrast allergy, even if not severe, **MUST** be pretreated with prescription medicine. The physician ordering the myelogram will prescribe this for you.

Q. What are the risks of the procedure?

A. The most common risk is a headache, which can be prevented and treated by rest and fluids. It is most likely to occur during the first 24 hours after, but may occur up to 3 days after the procedure. Other risks are less common, and will be discussed during the review of your consent form.

Q. What happens when the test is performed?

A. You will be on an x-ray table on your stomach for a study of the lower spine, or on your side for a study of the upper spine. X-ray guidance will be used to locate the site to access the spinal canal. Your skin will be numb from a local anesthetic, a thin needle will be placed to access the spinal fluid, then the dye will be injected. After this, a series of x-rays will be taken. This takes about one hour, and completes the myelogram portion of the procedure. You will then be monitored by the nursing staff, and will have a CT scan of the spine. You should expect to be in the hospital for a total of 2-4 hours.



Discharge Information

- ❑ You may have been given medicine that may make you sleepy. Do not drive, drink alcohol, operate machinery, or make major decisions in the next 24 hours.
- ❑ You must rest for the remainder of the day, do not return to work. Resume your normal activities the morning following the procedure.
- ❑ You must not bend, strain, or do heavy lifting for 72 hours.
- ❑ Post-procedure headaches may occur within 72 hours, may last up to a week, and must be treated with bed rest, over the counter pain medicine, and drinking plenty of fluids.
- ❑ Drink at least four (4), eight (8) ounce fluids over the first four hours after the procedure, then continue to drink more fluids than usual for the remainder of the day. Resume your normal diet.
- ❑ If you take Coumadin (Warfarin), check with your primary physician before resuming its use.
- ❑ If any other medicines were stopped, they may be restarted 24 hours after the procedure.

