

Myelogram

Your doctor has ordered a myelogram at UW Hospital on _____. Please report to Radiology (G3/3) on the 3rd floor.

This handout explains what will happen before, during, and after the test. Your nurse will go over this sheet with you. Please let your doctor or nurse know if you are allergic to Novocain/lidocaine, you have had back surgery, or if you are taking a blood thinner.

What is a myelogram?

A myelogram is an x-ray after dye (contrast) is injected into the spinal canal. This test will show the spinal cord and nerves and how they relate to the bones of your neck or back. The dye helps these structures appear more clearly on the x-rays. After we take x-rays, you will also have a CT scan.

This test can help us figure out the source of your symptoms, such as pain, numbness, tingling, or weakness in your arms, legs, back, or neck.

Before the Test

Please arrange to have someone drive you home. Bring any x-rays, CT scans, or MRIs of your spine that have been taken elsewhere. Bring any medicines you will need to take during the day and acetaminophen (Tylenol®).

We schedule these tests for the morning. Do not eat any solid food after midnight. You may have **clear** liquids until you arrive for the exam. Clear liquids are liquids you can see through (bouillon, soda, apple juice, tea, etc.). You may also take your normal medicines before the test.

If you have diabetes and take insulin, please call your diabetes health care team to see if you need to adjust your insulin. If you do not take insulin, take your normal medicine.

Your doctor may order blood tests to check your kidney function and check how your body controls bleeding. We will discuss your health history and current medicines. This will tell us that it is safe to perform the test.

During the Test

We will ask you to lie on your stomach or side on an x-ray table. We will wash your back and inject a numbing medicine (lidocaine) into the base of your spine or neck. We will place a needle in your spinal canal, either in your low back or neck, to inject the contrast into the spinal canal. The contrast will be absorbed by your body and removed through your urine. You will feel pressure when we insert the needle, but should not feel sharp pain. If you feel pain, tell the doctor so we can give you more numbing medicine. Your doctor may take some spinal fluid for testing. We then remove the needle and apply a bandage.

The x-ray table will be tilted to move the contrast along your spinal canal. We will watch the progress on a type of TV screen that uses x-rays. When the contrast flows to the right area, we will take an x-ray.

This test lasts about 30-45 minutes. When it is over, we will take you to the CT room to take a CT scan. You may need to wait another 30-60 minutes.

After the Test

If you are an **inpatient** keep your head up on a pillow for 4 hours when you are back in bed. Drink about 1 glass of fluid per hour. If you cannot drink fluids, we will talk with your health care team to make sure you get plenty of IV fluids. Stay in bed and limit walking, lifting, or strenuous activity.

If you are an **outpatient**, you should be able to go home 1-2 hours after the test. You must have someone drive you home. At home, lie flat with your head on a small pillow for at least 4 hours. Limit your activity for the rest of the day. Drink about 1 glass of fluid per hour. You may resume your regular diet.

Your Care After the Test

Drink plenty of fluids (one 8 oz. glass of liquid each hour). This helps your body get rid of the contrast. You may wish to bring your own water bottle. You can ask for water and juice while you wait. You may eat solid food unless you are told not to.

Stay in bed the rest of the day. You can get up for meals and to use the bathroom. You may resume your normal routine 36 hours after the test. You can also remove the bandage from the needle site.

If you get a headache after the test, lie down for 12-24 hours. The headache will not go away even with pain medicine while you are upright. After 12 hours, you may try to resume light activities.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2020. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4371.

In some cases, the headache may last for up to 36 hours. If this happens, start drinking more liquids and keep lying flat. You will know the headache is from the test if it goes away when you lie down and returns right away with sitting up. If it does not go away within 36 hours, call us. You may take acetaminophen or other pain medicine. The headache should stop in 48 hours.

When to Call

- A severe headache that is not relieved with aspirin or acetaminophen (Tylenol®)
- Feeling dizzy
- A stiff neck
- Nausea or vomiting

Who to Call

If you are concerned or have questions, please call your doctor. If you have questions once you are home, call the Neuroradiology Clinical Program Coordinator at **(608) 890-7291**.

After hours or weekends, please call the paging operator **(608) 262-2122** or **1-800-323-8942**. Ask to talk to the neuroradiology fellow on-call.