

## Percutaneous Vertebroplasty

### What is percutaneous vertebroplasty?

This is a method for treating fractures of the spine caused by osteoporosis or tumors. Once you have had one spine fracture, your risk is five times greater for more fractures. The pain after a spine fracture can be intense and deep. You may be confined to bed or a wheelchair for a while. This pain may last for 4 – 10 weeks. The collapse of a vertebra most often occurs in the middle of the spine, but may occur higher up in the thoracic spine or lower in the lumbar spine, near the tailbone.

This pain is often treated with bedrest, pain relievers, and a back brace. If these treatments have not helped after 4-6 weeks, you or your doctor may choose percutaneous vertebroplasty.

During this procedure, the doctor places a needle through the skin into the painful vertebra. The doctor watches progress of the needle with an x-ray machine. The doctor will inject some glue into the collapsed vertebra. The glue makes it strong and stops further damage. The main goal of this is to ease pain and strengthen the vertebra. The success rate is about 85%.

### Who does this procedure help most?

This is designed to help who do not get pain relief from other treatments. The patients that respond the best have had their fracture pain for six months or less.

You will have x-rays and either a CT scan, MRI scan, or bone scan of your back. A radiologist who will review your x-rays and talk about your case with your doctor. They will then decide whether this treatment might help your pain.

### How to Prepare for Your Procedure

- No eating or drinking for 6 hours before the procedure. You may take your medicines with a sip of water unless you were told you not to.
- The Nurse Coordinator will review your allergies and medicines with you. We will give you detailed instructions if you take blood thinners or medicines for diabetes.
- Stop taking aspirin seven days before the procedure.
- Stop taking NSAIDS (non-steroidal anti-inflammatory drugs) like ibuprofen, Aleve, or Advil, two days before your procedure.
- If you start antibiotics for an infection before the procedure call the Nurse Coordinator.
- If you have sleep apnea, you may need to bring your CPAP or BiPAP machine with you.
- Bring inhalers and any medicines you will need with you.
- You must have a friend or family member drive you to the hospital and take you home.
- Do not drive or make important decisions until the next day.

## **Procedure**

On the day of the procedure, enter the hospital through the clinic entrance and take the Atrium elevators to the 3<sup>rd</sup> floor. Check in at the (G3/3) Radiology desk. We will take you to a prep room where you will change into a gown. A nurse will place an IV in your vein. The doctor will meet to explain the risks and benefits and answer all your questions or concerns and ask you to sign a consent form.

We will transfer you to the procedure room. You will lie on your stomach. A nurse will give you medicine to help you relax and lessen your pain. We will check your blood pressure, oxygen level, heart rhythm, and heart rate often.

The doctor will use an x-ray to find the fractured vertebra. We will clean the skin over the vertebra with iodine-based soap. After cleaning your back, we will place a sterile drape over it. Guided by an x-ray, the doctor passes one or two needles through the skin and into the collapsed vertebra. Once the needles are in the proper place, the doctor will inject the cement. The cement makes the collapsed vertebra stable and may relieve the pain. Then, the doctor will take out the needle(s). We will place a dressing over the procedure site.

## **After the Procedure**

Once it is over, we will transfer you to the recovery room where we will monitor your blood pressure, heart rate, and oxygen level. You will need to lie flat on your back for 40 minutes. Once you are awake and can sit up, you can eat. We may take a final x-ray and your doctor will come visit you. We will watch you for the next 2 hours in the recovery room. After that time, you will be allowed to go home. A nurse will call you 1-2 days later. The doctor will see you back in clinic in 2-3 weeks.

## **Care at Home**

- Resume your normal diet, no alcohol for the first 24 hours.
- Keep taking your medicines for your pain.
- Restart NSAIDS like ibuprofen, Aleve, or Advil, the next day.
- You may use ice but not right on the skin. Use for 20 minutes at a time to help decrease swelling and pain.
- You can shower, but no baths, hot tubs, or swimming for at least 3 days.
- After two days you will need to remove the clear dressing and gauze.
- You will have steri strips (small white band aids) covering your incision. They should stay on for seven days. It is okay if they fall off on their own.

## **When to Contact the Radiologist**

You or a family member should call the doctor if you have any of these symptoms.

- Sudden onset of pain that travels down the leg.
- Sudden onset of weakness of the arm or leg.
- Sudden onset of shortness of breath, or it becomes worse.
- New onset of rib pain.
- Signs of infection like:
  - The area around the site becomes red, swollen, or more painful.
  - You have a white or yellow pus or drainage from the site.
  - You have a fever greater than 100.4° F or 38° C.

## **Phone Numbers**

Musculoskeletal Nurse Coordinator:  
**(608) 263-6871**

After 5:00 p.m. or weekends, call  
**(608) 263-6400**. Please ask for the Bone  
Radiologist. Leave your name and phone  
number with the area code. The doctor will  
call you back. If you live out of the area, call  
**1-800-323-8942**.

If you need to reschedule, call  
**(608) 263-6871** between 8:00 a.m. to 5:00  
p.m.

If you need help right away, **call 911** or go  
to the nearest Emergency Room.

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 © 8/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5685.