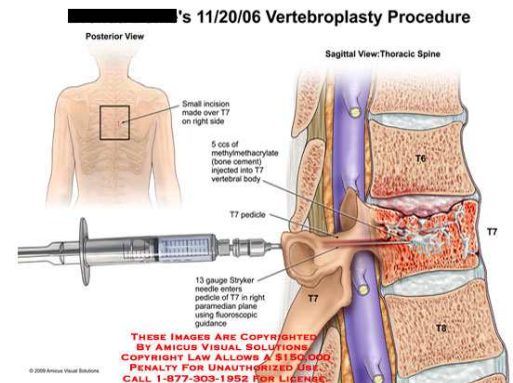




## VERTEBROPLASTY DISCHARGE EDUCATION

### **Information:**

Vertebroplasty is an outpatient procedure for stabilizing compression fractures in the spine. Bone cement is injected into back bones (Vertebrae) that have cracked or broken often because of osteoporosis or an acute injury. The cement hardens and helps stabilize the fractures and helps support your spine. For people with severe disabling pain caused by a compression fracture, vertebroplasty can relieve pain, increase mobility and reduce the use of pain medication.



### **What should I expect after the vertebroplasty?**

- Treatment site pain for a few days following treatment. This does not usually require more than a few days of prescription pain medicine. Many patients only use over the counter pain medication.
- For the first day after the procedure avoid lifting anything that make you strain. This may include heavy grocery bags and milk containers, a heavy briefcase or backpack and even lifting a child.
- Do not plan anything active or requiring your close attention for the first few days following discharge from the hospital. If you work, you may return as soon as you feel able. Most patients do not need more than 1-2 days away from work.
- There are no dietary restrictions specifically due to this procedure. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast and yogurt.
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### **Bathing & Wound Care:**

- It is okay to shower 24 hours after the procedure. Gently wash the site with soap and water, do not scrub. Do not bathe or soak in water for 3 days following the procedure.
- If you are sore where the needle was inserted, put ice or a cold pack on your back for 10 to 20 minutes at a time. Try to do this every 1 to 2 hours for the next 3 days (when you are awake) or until the swelling goes down. Put a thin cloth between the ice and your skin.

### **Follow-up visit information:**

Call your primary doctor after discharge for a follow-up appointment if you don't already have one. Follow up with Interventional Radiology is not routinely necessary **but Interventional Radiology will keep in contact with you at 1, 3, and 6 months to see how you are progressing from the procedure.**

### **Occasionally, a situation will require prompt attention and an emergency room visit is necessary:**

- You have new or worse symptoms in your legs, belly or buttocks. Such as numbness or tingling, weakness, pain.
- You have signs of infection such as increased pain, swelling, warmth or redness. If you have pus draining from the incision site, or red streaks leading from the incision and or fever.
- Sudden shortness of breath
- You passed out (lost consciousness)
- You are unable to move a leg at all.

**If you received Conscious Sedation (IV sedation) or General Anesthesia and are discharged the same-day:**

- You must have someone drive you home when you leave the hospital.
- For 24 hours after your procedure, do not do anything where you need to be mentally alert. This includes making important decisions, operating machinery, signing important papers, etc.
- Eat light for the first 24 hours, and then start eating more as you are able. Drink plenty of fluids.
- Sore throat or mild “hang over” type feeling for a day or two from the general anesthesia. This may include mild nausea.
- If you are taking pain medications:
  - Take as directed
  - Do not drink alcohol while taking narcotic pain medication
  - Do not drive
  - If you are constipated, drink more fluids and eat more fiber. You can also use an over-the-counter stool softener.

**For any questions please contact the Oregon Interventional Radiology clinic at 541-618-5801**

**In all emergency situations call 911**