



Procedure Information - Myelogram

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

1. Myelogram is a study used to outline the spinal cord & nerve roots for diagnostic purpose.
2. The procedure will be performed by a radiologist. The procedure will generally be performed in the Radiology Department under fluoroscopic x-ray guidance.

Contraindication

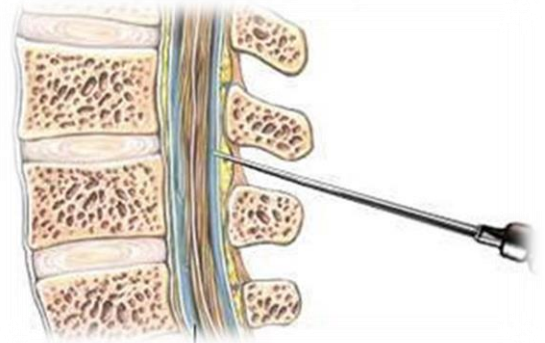
1. This examination is contraindicated in patients with raised intracranial pressure, infection in spine or recent lumbar puncture.

Before Procedure

1. No food or drink 4 hours before procedure.
2. Please inform the nurse or doctor if you are taking antiplatelet drug (e.g. Plavix). Patient may need to withhold medication before examination.

Procedure

1. The procedure is performed under aseptic technique. After the injection of local anaesthesia, a small needle will be introduced into the lumbar region and contrast medium will be introduced into the intrathecal space.
2. After the injection of contrast, the patient will be put to various positions on an examination table to facilitate the flow of contrast to the region of interest. The radiologist will take a series of x-rays.
3. The examination may be supplemented by CT scan.
4. The patient may experience headache after the procedure.
5. The patient may need to stay at the radiology department for several hours in the study.



Potential Risks and Complications

1. In patient with sciatica, there may be transient increase in sciatic pain due to irritation of nerve roots.
2. Rare but serious complications include adverse reactions towards contrast medium.
3. Uncommon ones include nausea and vomiting, infection and inflammation, subdural /extradural injection of contrast medium.



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Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

ACR Manual on Contrast Media (2023)

I acknowledge that I have understood the above information and was given opportunity to ask questions concerning my procedure.

Name of Patient / Relative

Signature

Relationship (If any)

Date