

Kyphoplasty

Diagnosis: Vertebral body compression fracture

Procedure: The patient is brought to the procedure room and placed on his/her stomach. Full sterile precautions including sterile gown and full body drapes are applied to reduce the chance of infection. Using fluoroscopic guidance, the spine is visualized and target vertebral body is identified. The skin overlying the injection site is then cleaned with a sterilizing solution. Local anesthetic is used to anesthetize the injection site. Then, a trocar is advanced into the vertebral body under live fluoroscopic imaging. Once the trocar is in place, a cavity is formed in bone. Then bone cement is then mixed and injected very slowly and ensuring proper placement. The needle is then removed. The low back is cleaned and sterile dressing is applied. The patient is then taken to the recovery room and laid on their back for 45 min, and then in a seated position for 15 min until discharge.

Medications used: Local anesthetic, Methyl methacrylate bone cement, contrast dye

Recovery: 60 minutes after sedation

Potential risks of Kyphoplasty are similar to any procedure involving a needle placement. These include, but are not limited to:

- Allergic reaction to the anesthetic or contrast dye. *Be sure to inform us before the injection if you have any known allergies*
- Bleeding
- Infection
- Temporary pain at the injection site
- Weakness

HOW IS KYPHOPLASTY PERFORMED

