



Vertebroplasty Discharge Instructions

Vertebroplasty is a nonsurgical treatment using image guidance to stabilize a collapsed vertebra with the injection of medical-grade bone cement into the collapsed vertebra. This reduces pain and can prevent further collapse of the vertebra. Vertebroplasty dramatically improves back pain within hours of the procedure, provides long-term pain relief and has a low complication rate.

Aftercare Instructions

- Increase your activity gradually and resume all your regular medications.
- Minimize activities during the next 24 hours, and then slowly resume activity as tolerated. No heavy lifting (anything heavier than a gallon of milk) for 3 months.
- Because of the sedation you received, for the following 24 hours:
 - **DO NOT** drive a car or operate heavy machinery.
 - **DO NOT** drink alcohol.
 - **DO NOT** make important personal decisions or sign legal documents.
 - **DO NOT** be responsible for the care of another person.
- The puncture sites will be tender to the touch for 24 to 48 hours. This is to be expected. Take Tylenol (acetaminophen) or Motrin or Advil (ibuprofen) for any discomfort.
- Keep the puncture sites covered for 24 hours. Bandages may then be removed, and you may shower. **Do not soak in a tub.** Place band-aids over the puncture sites every day for 5-7 days or until the sites are healed.

Seek immediate EMERGENCY CARE if you have:

- Changes to bowel or bladder function
- Severe headache
- Weakness
- New numbness or tingling
- Change in sensation
- Impaired movement
- Severe new pain
- Seizure
- Chest pain
- Uncontrolled bleeding
- Confusion or change in mental status
- Difficulty breathing or shortness of breath
- Progressive swelling of any area
- Severe abdominal pain or bloating
- Dizziness or feeling like you are going to pass out.

If you have an emergency, go directly to the nearest emergency room or call 911. Do not wait to contact our staff.

Teton Radiology can be reached at (208) 524-7237 for Idaho Falls, or (208) 356-4888 for Rexburg.

(Patient name - Please print)

Your radiologist was:

I understand the above information.

(Patient or family member's signature) Date

Reviewed with me by:

(Technologist or nurse) Date

1-week appointment date/time:
