

PATIENT INSTRUCTIONS – MYELOGRAM

Patient Name: _____ **Date of Procedure:** _____

Time of Procedure: _____ **Location of Procedure:** _____

What does this test show?

A myelogram is used to examine the spinal canal and spinal cord. A special contrast media (dye) that shows up on x-rays to indicate any abnormalities is placed into the spinal canal. The myelogram may be done to determine the cause of pressure on the spinal cord or spinal nerves. The contrast used during a myelogram outlines the spinal cord and nerve roots. This helps your doctor determine if there are any unusual indentations or abnormal shapes in the spinal cord. Anything that is pushing into the nerves shows up as an indentation into the spinal sac. This indentation could be from a herniated or bulging disc, a tumor, or an injury to the spinal nerve roots.

What will happen during the procedure?

A local anesthetic is injected into the lower back. Using a sterile technique, the doctor places a needle into the spinal canal. Contrast media is injected into the spinal canal. This contrast media mixes with the spinal fluid so that it will show up on x-rays. You will be asked to lie on a tilting table while multiple x-rays are taken to show the flow of the dye through the spinal canal. The myelogram is usually combined with a CT scan to get a better view of the spine in cross section and to check the health of the bones and nerves.

How do I prepare for the examination?

- You should avoid alcohol for 48 hours prior to your test.
- You will need to bring someone who can drive you home after your test. You should not drive yourself home.
- Please see the attached list of medications. If you take any of these medications, please refrain from taking them for 48 hours prior to and 24 hours after your test. If you have any concerns about not taking these medications, please contact your physician.
- Your Physician will order lab work for you 1-2 days prior to your test.

After the examination

- You should have someone drive you home.
- You should drink plenty of water for the next 24 hours.
- You will need to lay flat for 2-3 hours following your test.
- Avoid strenuous activity for at least 24 hours after your test.

MYELOGRAMS: WHICH MEDICATIONS SHOULD YOU HOLD?

According to the article "Guide to Medications To Be Withheld Prior To Myelograms" in the fall 1999 issue of Images, it is necessary to screen patients scheduled for myelograms prior to appointment. It recommends that drugs that lower the seizure threshold, especially phenothiazine derivatives, be withheld for at least 48 hours before and 24 hours post procedure. Other medications to be withheld include MAO inhibitors, tri-cyclic antidepressants, CNS stimulants, and psychoactive drugs like analeptics and major tranquilizers. Patients are to have the following labs drawn 1-2 days prior to exam; PT, PTT, INR, and Platelet.

CNS Stimulants

Generic Name	Trade Name
Ammonia	Aromatic spirit
Amphetamine.....	Benzedrine, Adderall
Benzphetamine	Didrex
Caffeine	
Dextroamphetamine	Dexedrine, Dextrostat
Diethylpropion.....	Tepanil, Tenuate
Doxapram	Dopram
Mazindol	Sanorex, Mazanor
Methamphetamine	Methedrine, Desoxyn
Methylphenidate	Ritalin, Methylin
Modafinil.....	Provigil
Pemoline.....	Cylert, Phenylisohydantoin
Phendimetrazine	Plegine, Strychnine
Phenmetrazine	Preludin, Picrotoxin
Phentermine.....	Lonamin

Antidepressants

Amitriptyline.....	Elavil, Endep
Amoxapine	Asendin
Bupropion	Wellbutrin, Zyban
Chlordiazepoxide	Limbitrol
Clomipramine	Anafranil
Cyclobenzaprine	Flexeril
Desipramine	Norpramin, Pertofrane
Imipramine	Tofranil
Loxapin.....	Loxitane
Maprotiline	Ludiomil
Mirtazapine.....	Remeron
Nefazodone	Serzone
Nortriptyline	Aventyl, Pamelor
Protriptyline.....	Vivactil, Triptil
Trazodone	Desyrel
Trimipramine	Surmontil
Venlafaxine	Effexor

continued

MYELOGRAMS: WHICH MEDICATIONS SHOULD YOU HOLD?

Antipsychotics/Major Tranquilizers

Generic Name	Trade Name
Chlorpromazine.....	Thorazine
Chlorprothixene	Taractan
Cozapine.....	Clozaril
Doxepin.....	Sinequan, Zonalon, Adapin
Droperidol	Inapsine
Fluphenazine	Permitil, Prolixin
Haloperidol	Haldol
Lithium carbonate	Lithane, Eskalith, Lithobid
Loxapine.....	Loxitane
Meprobamate	Equanil, Miltown, Mesprospan
Mesoridazine	Serentil
Olanzapine	Zyprexa
Perphenazine.....	Trilafon, Phenazine
Pimozide	Orap
Promazine.....	Sparine, Prozine
Prochlorperazine.....	Compazine
Risperidone.....	Risperdal
Thioridazine	Mellaril
Thiothixene	Navane
Trifluoperazine	Stelazine
Triflupromazine.....	Vesprin
Quetiapin Fumarate.....	Seroquel

Phenothiazine and Combinations

Methotrimeprazine.....	Levoprome, Nozinan
Molindone Hydrochloride.....	Moban
Perphenazine.....	Trilafon, Phenazine
Perphenazine/Amitriptyline.....	Triavil, Etrafon
Piperacetazine	Quide
Promethazine	Phenergen
Thiethylperazine	Torecan
Thiaprozate	Dartal
Trimeprazine	Temaril
Trimethobenzamide	Tigan

SSRI Selective Serotonin Re-Uptake Inhibitors

Citalopram	Celexa
Fluoxetine	Prozac
Fluvoxamine	Luvox
Paroxetine.....	Paxil
Sertraline	Zoloft

MYELOGRAMS: WHICH MEDICATIONS SHOULD YOU HOLD?

Monamine Oxidase Inhibitors

Generic Name	Trade Name
Isocarboxazid	Marplan
Phenelzine	Nardil
Procarbazine	Matulane, Natulan
Selegiline	Eldepryl, Carbox
Tranylcypromine	Parnate

Miscellaneous

Carisoprodol	Soma
Enflurane	Ethrane
Hydroxyzine	Vistaril
Ketamine	Ketalar
Meperidine	Demerol
Mathohexital	Brevital
Tramadol	Ultram