

Discography

Since many people have evidence of disk degeneration on their MRI scans, it is not always easy to tell if the finding on this MRI scan explains pain the patient may be experiencing. Discography is a test that is used to help determine whether an abnormal disk seen on MRI explains someone's pain. When performed, it is generally reserved for patients who did not experience relief from other therapies, including surgery.

This procedure requires injections into disks suspected of being the source of pain and disks nearby. It can be painful. There is controversy among physicians who take care of the spine regarding the usefulness of discography for making decisions about care, particularly surgery. The American Pain Society is against the use of provocative discography for patients with chronic nonradicular (pain that does not radiate) low back pain.

Blood and urine samples may be used to test for infections, arthritis, or other conditions. Injecting a drug that blocks pain into the nerves in the back helps locate the level in the spine where problems occur.

Unique Aspects of Discography

It should be understood that the discogram is less about the anatomy of the disc (what the disc looks like) and more about its physiology (determining if the disc is painful). It is well known to discographers that a **really abnormal looking disc may not be painful and a minimally disrupted disc may be associated with severe pain.** It is impossible to definitively diagnose a painful disc without performing a discogram.

The Lumbar MRI and CT myelogram are very sensitive anatomic tests but are not very specific in defining actual pain generators. The lumbar discogram, if performed properly, is designed to induce pain in a sensitive disc. A spinal fusion procedure that is designed to obliterate an internally disrupted, painful disc (pain generator) would not be the procedure of choice if pressurization of the disc didn't reproduce the patient's clinical discomfort.

The spine surgeon needs to be absolutely sure that the level or levels being fused are responsible for the patient's pain. If the fused levels were not initially painful, spine surgery will not help, and the patient will be left with a fused spine and probably still be in pain. Since a spine fusion procedure carries a significant level of risk and healing time, the more information that can be obtained prior to back surgery the better.

A Spine-health.com Peer Reviewed Article Written by Philip R. Shalen, MD

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