

# KYPHOPLASTY

## WHAT IS A KYPHOPLASTY?

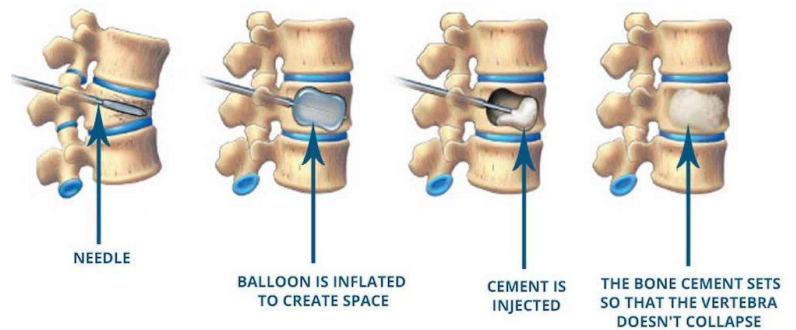
Kyphoplasty is a procedure that used to treat compression fractures. Not only does kyphoplasty help alleviate pain, it also helps to restore the height of the fracture or compressed vertebrae. Most patients get near immediate relief of pain after this procedure. This procedure is an excellent alternative to open spine procedures which have been used in the past. Kyphoplasty is performed through a small hole in the skin which decreases risks of postoperative complications.

## WHAT ARE THE RISKS OF KYPHOPLASTY?

There are risks and complications to any type of surgical intervention. The most common complications include:

- Deep Vein Thrombosis (DVT)
- Infection
- Cement Leakage
- Failure of pain reduction

## HOW IS KYPHOPLASTY PERFORMED



## WHAT TO EXPECT DURING THE PROCEDURE?

- It can be done in office or in certain circumstances, in a hospital setting with general anesthesia. If done in the office, we will send in medication to your pharmacy for you to pick up and use before the procedure for mild sedation.
- Before the procedure begins, a time out will be completed with the assistant and the representative from the device company.
- A sterile field will be created, and the back cleaned with an antiseptic and sterile drapes.
- The X-ray machine will then help guide a needle to the target location and local anesthetic will be injected to help reduce procedural pain.
- A specialized tool is then used to guide the needles to the fractured portion of the vertebrae. Once this device is removed, a small tube with an inflatable balloon is then inserted into the needle. The balloon is then inflated to help restore the height of the vertebral body by creating a temporary space. Then specialized bone cement (Polymethyl methacrylate (PMMA)) is placed into the space created by the balloon to restore the vertebrae to its normal height while using live imaging
- To finish the procedure, cement is given time to harden then all instruments are removed, and sterile dressing applied.

## BEFORE THE PROCEDURE

- You do not need to fast before the procedure the night before (unless performed at a hospital), however we do recommend you do not eat anything 4 hours before the procedure or drink anything other than water.
- It is ok to drink water up to 2 hours before the procedure, it is ok to take medications with small sips of water up to 30 minutes before the procedure if needed. If you normally take pain medication, take this 30 minutes before the procedure.
- You should have already picked up medication sent in by Sweetwater Pain and Spine for relaxation and pain control. More than one medication may have been ordered with instructions on use.
- Do not use any oils, lotions, powders or other skin products on the area being treated.
- Wear loose fitting clothing

## **AFTER THE PROCEDURE**

- You will follow-up in clinic 2 weeks post procedure for evaluation with one of the advanced practice providers. You may have had X-rays ordered and be completed before this visit to review.
- **Activity**
  - Days 1-3: Do not lift anything over 5lbs. and avoid bending at the waist more than 30 degrees. Do not drive the first two days or while taking opioid medication.
  - Begin walking day 2 for 15-30 minutes at a time. Begin once or twice a day or as pain allows, and slowly increase your distance. If tolerated, you may walk as much as tolerated. Walking helps improve circulation, healing times, and reduces pain.
  - After day 3: Gradual activity can be resumed based on your pain levels, but there are no specific movement restrictions and normal activity can be initiated.
- **Dressings/Bandages**
  - You may have one or two bandages with a sterile dressing.
  - Days 1-3: Refrain from showering or bathing to prevent these from getting wet.
  - Day 4: You may take the sterile dressings off and shower if you wish, however do not submerge the site until after day 7 (i.e. hot tubs, pools, and other bodies of water)

## **NORMAL EFFECTS OF THE PROCEDURE**

- A large amount of local anesthetic (i.e. lidocaine) is used to help with procedure comfort. This will cause the leg muscles to be temporary weak or the skin numb, similar to how a dentist uses a local anesthetic that makes it hard to speak for a few hours.
- The pain should typically be immediately resolved within 1-2 days as the cements prevents micromotion of the fracture pieces, which are what cause the pain.
- Soreness is normal and should subside over a 3–7-day period. To help reduce this, it is recommended to apply and ice pack to the area for 15 minutes at a time, every 4-6 hours for the first two days to help reduce soreness.
- Bruising is common for a few days post procedure.

## **RARE EFFECTS OF THE PROCEDURE**

If any of the following occur, please call our office immediately at **(775) 870-1480**

- A fever of 101 °F (38.3 °C) or higher
- Pain that is uncontrolled or worse than it was before your procedure
- Numbness, tingling, or pain to the leg
- Redness, swelling, or drainage around the needle marks on your back
- Swelling of the calf that also is painful when walking
- New onset shortness of breath
- Any symptoms that concern you