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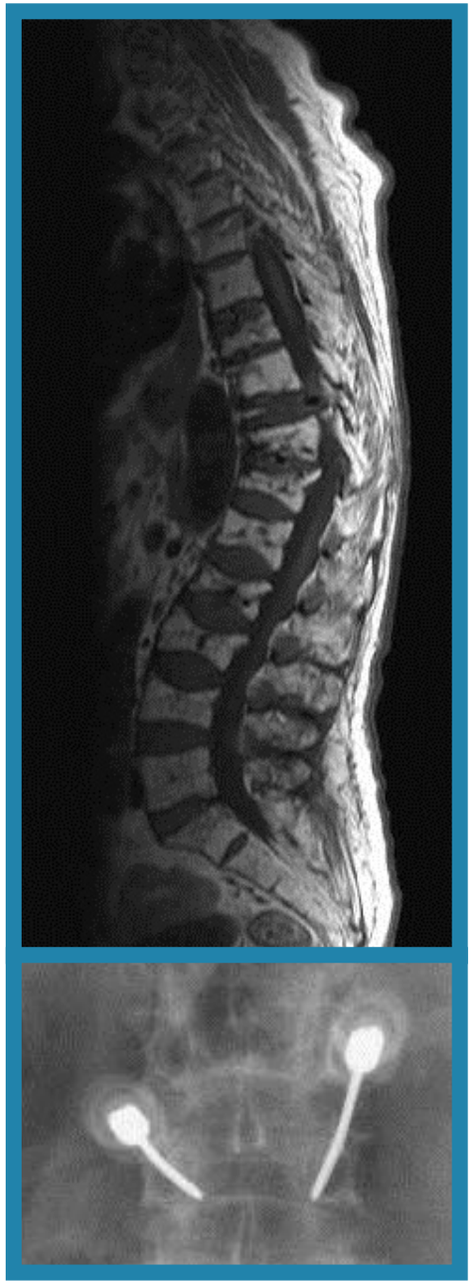
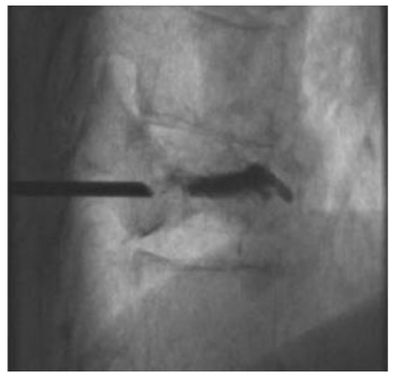
For further information from the National Institute for Clinical Excellence (NICE) on percutaneous vertebroplasty, go to:

http://guidance.nice.org.uk/IPG12



PERCUTANEOUS VERTEBRAL AUGMENTATION



CLINICAL INDICATIONS AND PREPARATION NEEDED FOR REFERRAL FOR PERCUTANEOUS VERTEBROPLASTY, BALLOON KYPHOPLASTY, STENT KYPHOPLASTY, COBLATION VERTEBROPLASTY AND SIMILAR PROCEDURES

PERCUTANEOUS VERTEBRAL CEMENT AUGMENTATION

Percutaneous vertebroplasty, Kyphoplasty and coblation vertebroplasty techniques may be used to provide pain relief for people with severe painful osteoporosis with loss of height and/or compression fractures of the vertebral body, and also for people with symptomatic vertebral haemangioma and painful vertebral body tumours (metastases or myeloma).

Vertebral compression fractures are a common cause of pain and disability. Osteopaenia, associated with ageing or chronic steroid use and metastatic disease are the most common causes of vertebral compression fractures. Nearly all people experience pain. Most people are treated conservatively with analgesics, bed rest and bracing, but a small percentage are left with persistent pain and limited mobility.

Percutaneous cement augmentation involves the injection of bone cement into the vertebral body to relieve pain, and to stabilise the fractured vertebrae.

INDICATIONS

Painful spinal compression fractures that have not responded to conservative treatment for a minimum of 4 weeks.

Pre-disposing conditions may include:

- Osteoporosis
- Metastases
- Myeloma
- Benign tumours (including haemangioma)

Conservative treatment should include:

- Analgesia
- Bisphosphonate therapy in those suitable

To assess the patients the following are needed:

- Confirmation on imaging and examination where the fracture level is and the site of pain.
- A recent MR with a Sagittal FSTIR sequence and axial images at the level of fracture (these may not be in routine spine studies)
- Plain films and nuclear medicine studies are not indicated
- CT is not essential but needs to be seen if this has been performed – this is not a substitute for MR

CONTRAINDICATIONS

- Uncontrolled coagulation disorders and anticoagulation that cannot be stopped safely.
- Patient unable to tolerate sedation or light anaesthesia
- Patient unable to lie prone (after sedation)
- Active and untreated spine infection

Dr Wilson will review the images of any referrals. If they show a fracture that is suitable and safe to treat with percutaneous vertebroplasty he will see them as an outpatient.

In appropriate cases preliminary therapy may involve local anaesthetic block procedures.