

## LAKE DISTRICT HOSPITAL **DIAGNOSTIC IMAGING**700 S. J Street • Lakeview, OR 97630 Ph: (541) 947-2114 ext. 233 Fax: (541) 947-5575

## **LUMBAR MYELOGRAM PATIENT INSTRUCTIONS**

PATIENT NAME:		
REFERRING/ORDERING PROVIDER:		
•••••	•••••	
Your healthcare provider has requested you involves the injection of a contrast material ir an area of the body for the purpose of imagir resolution image of the area. Furthermore, a because that area will not light up as the contract of the second secon	nto your lumbar spine. Contra ng. Imaging scans can then b any obstruction, damage or a	est materials are used to light up be used to produce a higher bnormal growth will be detected
Please check in at the acute care nurses statake your vital signs and start an IV.	tion 45 minutes prior to your	appointment time. A nurse will
WHAT TO EXPECT:		
This procedure will be done by a radiologist	and the radiology technologis	ets.
The first part of the procedure will be done u imaging which is especially useful for guiding	. , (	
During a lumbar myelogram, you will lie dow prior to contrast material being injected into y in the proper location based on the radiologis	our lumbar spine. The cont	
The second part will be done in the CT room table by the technologist. The technologist very the progress of your exam.		•
The procedure will between 40 and 60 minut procedures will take longer and involve more	•	per every patient is different and
The radiologist will dictate a report which will	be sent to your healthcare p	rovider.
DO NOT take any blood thinners (Advil, M procedure.	lotrin, aspirin or ibuprofen	7 to 10 days prior to your
If you have any questions, or are unable t department at 541-947-2114 ext. 233.	o make your appointment,	please call the radiology
EXAM DATE	CHECK-IN TIME	APPOINTMENT TIME

CH 11/19/2015