



Having a discogram

This leaflet tells you what to expect during a discogram (test to diagnose intervertebral disc problems). It explains why this procedure is performed, what it entails and the benefits and risks. If you have any other queries please call the Radiology Department on 0118 322 8368.

Why do I need a discogram?

A CT discogram/steroid disc injection is primarily a therapeutic manoeuvre to try to improve the pain from a worn disc, but also offers some diagnostic information. The intervertebral discs are gel-like cushions between the bones of the spine (vertebral bodies). You will typically have already had an MRI scan, which will probably have demonstrated some abnormalities in the intervertebral discs. If your surgeon thinks that this could be the reason for your back pain, bearing in mind there are other potential causes, he may request a discogram/disc injection to offer pain relief and prove this is the cause before considering an operation.

What preparation is required?

Anticoagulants and some antiplatelet medications are stopped or reversed in good time prior to the procedure. If you are taking any anticoagulant such as warfarin, daily heparin injections or clopidogrel and these have not been discontinued for the discogram please contact the radiology department on 0118 322 8368 (do not discontinue unless instructed to do so). Aspirin can be continued as normal.

How is it performed?

A discogram is performed in the Radiology Department by a doctor called a radiologist. It is carried out in the CT scanner to guide the needle and safely carry out the procedure.

The radiologist will talk to you beforehand to explain what the procedure will involve and any related risks. The skin over the area of your back will then be cleaned and the needle carefully inserted under CT guidance. Once a needle is in the disc, the radiologist will inject a mixture of long acting local anaesthetic, steroid and contrast. You will be asked if this reproduces your normal pain.

Is it painful?

The initial anaesthetic needle will sting, but once the anaesthetic has taken effect, the skin is no longer painful. The deeper structures are not anaesthetised, however the needle is extremely thin and generally this is reasonable well tolerated. However, occasionally the needle may hit a nerve causing a temporary shooting pain in the leg. If this happens the needle is immediately repositioned and the pain will rapidly settle.

What are the risks with having a discogram?

A discogram is a low risk procedure with very low rates of infection, bleeding or nerve injury.

What happens afterwards?

You can go home 10-15 minutes after the procedure

The discogram site maybe slightly painful afterwards, particularly when the anaesthetic wears off. Simple painkillers such as paracetamol or ibuprofen are usually sufficient to control the pain. Keep the dressing dry and untouched for 24 hours. After this, the dressing can come off and you can shower and bath as normal

When do I get the results?

The doctor carrying out your discogram will usually talk to you afterwards and discuss the findings. A formal report will be sent to the referring surgeon who will then send you an appointment to review you in the clinic and discuss any further treatment.

Further information

www.radiologyinfo.org/mobile/en/info.cfm?pg=discography

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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