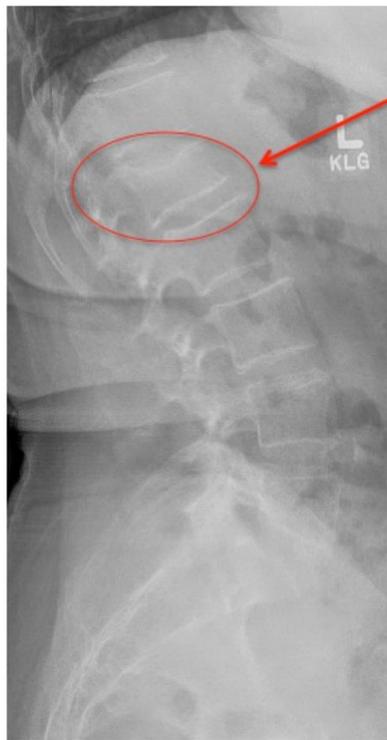


Compression Fractures

Your spine vertebrae can fracture when they are weak due to osteoporosis, bone growth, or other causes. The fracture causes the front part of your vertebra to lose height. Sometimes both the front and the back parts both lose height.

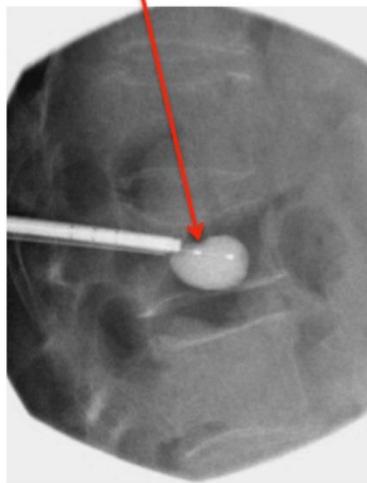
Simple activities of daily living can cause a compression fracture.

These fractures happen most often in your thoracic (mid-back) or lumbar spine (lower back).

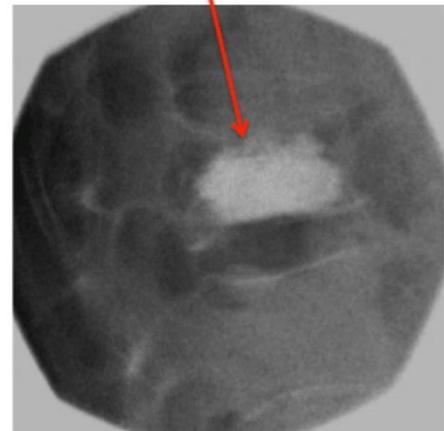


Typical thoracolumbar
compression fracture

Balloon inflated to
create cavity



Bone cement injected into
vertebrae, stabilizing fracture



Treatment Options

Most often, modifying your activity, managing pain, physical therapy, and possible bracing are used to treat compression fractures. However, these options may increase loss of bone and allow for more collapse of your vertebra. A large percentage of these fractures heal within 6 weeks.

Vertebroplasty is a minimally-invasive procedure option you may be offered. During the procedure, bone cement is injected into your vertebra to enhance its strength and decrease your pain.

Kyphoplasty (or vertebral augmentation) is a similar procedure. However, a deflated balloon is inserted into the broken vertebra prior to bone cement injection. The balloon is then inflated to help create space and possibly reduce the compression.

Both procedures help to stabilize your spine while reducing your pain.

Preparing for Procedure

Your provider will give you detailed instructions about your fluids, meals, and medications prior to the procedure. You may need to obtain medical clearance from your primary care physician or cardiologist prior to the procedure. You will need to stop blood thinners with the approval of your medical doctor.

Sedation or anesthesia (local or general) will be used.

You must have an accompanying family member or friend, over the age of 18, who will stay with you for the duration of the procedure at the facility and drive you home afterwards.

What to Expect with the Procedure

These procedures are usually performed in a special spine clinic. Sometimes a hospital stay is needed. The procedure is performed with you lying face down on the procedure table and with use of X-ray guidance.

Normally you return home on the same day.

Care After Procedure

After you are home you may resume normal activities, unless directed otherwise by your provider. You will rarely need pain medications because of the procedure. Keep the dressing on for 2 days, then you may remove and shower and cover it with a dry dressing. Do not use ointments or creams. Do not submerge for at least one week.

If you have osteoporosis, you should follow up with your primary care provider or our Bone Health Program for additional medication treatment for Osteoporosis.

Medications

Your provider will instruct you on medications for pain and when to start taking any home medications again.

Possible Complications and Instructions

Although risks with kyphoplasty or vertebroplasty are very low, there is a low risk of infection, bleeding, nerve damage, spinal fluid leak, paralysis, bone cement reaction, or blood clots or cement going to the lungs.

If your pain gets worse or you develop new symptoms, you should contact your provider.

Please contact our office immediately if you feel you are experiencing any of these complications.

Questions

The CORE Institute is dedicated to your outcome. If any questions or concerns arise, please call The CORE Institute at 1.866.974.2673.