Allograft Disc Supplementation

PATIENT INFORMATION & PROCEDURE GUIDE

Understanding Your Diagnosis

The center of a spinal disc — the **nucleus pulposus** — is a gel-like matrix that holds water under pressure and allows the disc to carry and distribute load. As a disc degenerates, that matrix loses its proteoglycan content and its ability to hold water. The disc flattens, loses its internal pressure, and transfers load onto the outer ring of the disc and the facet joints behind it.

Pain generated by the disc itself — **discogenic pain** — is typically deep, central, axial low back pain that worsens with sitting, bending forward, and prolonged loading, and eases when lying down.

The Treatment: Allograft Nucleus Supplementation

This procedure delivers particulated human nucleus pulposus tissue, from a screened and processed donor, directly into the center of the degenerated disc. The purpose is to **supplement what the disc has lost**: the structural matrix components — proteoglycans and collagen — that give the nucleus its water-holding capacity, along with the associated cellular and growth-factor content.

This is a supplementation procedure. It is **not** a repair of the outer disc wall, and it is **not** a decompression — it does not remove a herniation and does not treat nerve compression.

Our Approach: Fluoroscopically Guided Percutaneous Delivery

The procedure is performed entirely through a needle, with no incision. Under live X-ray, a needle is advanced by a posterolateral approach — the same trajectory used for discography — into the center of the target disc. Position is confirmed on two planes before graft is delivered. Sterile technique is strict and antibiotics are given, because infection inside a disc is the principal serious risk of any intradiscal procedure.

Procedure Day Highlights:

- Performed under **live X-ray (fluoroscopy)** for precise needle placement.
- Antibiotics given beforehand, with strict sterile technique throughout.
- Local numbing medication with light IV sedation for comfort.
- **No incision and no stitches.** The procedure takes approximately 30 minutes.
- You go home the same day.

Benefits

- Targets the degenerated nucleus itself rather than only blocking pain signals.
- Percutaneous — no incision, no bone removal, no hardware, no fusion.
- Preserves motion at the treated segment.
- Does not close off future treatment options.

Recovery

- Same-day discharge; walking the same day.
- Expect increased back soreness for the first 3–7 days.
- Restrictions on bending, lifting, and twisting for 2 weeks.
- Improvement is gradual — generally beginning at 6–12 weeks and continuing over 3–6 months.

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DISCHARGE INSTRUCTIONS

Procedure Summary: Allograft Disc Supplementation

You have undergone percutaneous intradiscal delivery of particulated nucleus pulposus allograft into the degenerated disc identified as your primary pain generator. Using live imaging, graft material was placed into the nucleus through a needle, with no incision. The intent is to supplement the disc's depleted matrix. **Response develops over months, not days.**

Activity Restrictions

- **Driving:** no driving for 24 hours (IV sedation).
- **Lifting:** nothing over 10 pounds for 2 weeks.
- **Bending & twisting:** avoid repeated bending, twisting, and prolonged sitting for 2 weeks.
- **Walking:** encouraged and progressive, beginning the day of the procedure.
- **Therapy:** no formal exercise program for 2 weeks unless directed.

Puncture Site Care

- **First 24 hours:** leave the dressing intact.
- **Showering:** okay after 24 hours.
- **Submersion:** no baths, pools, or hot tubs for 7 days.
- **Sutures:** none to remove.
- **Bruising:** minor bruising at the needle site is common.

Pain Management Expectations

- **The flare:** an increase in back pain and stiffness for 3–7 days is expected and common. Occasionally it persists up to 2 weeks.
- **Management:** ice 20 minutes on/off; continue your baseline medications.
- **Timeline:** this is not a procedure with immediate relief. Meaningful change typically begins between 6 and 12 weeks and continues to build through 6 months.
- **Do not judge it early.** Assessing benefit before 3 months is not meaningful and leads to abandoning a treatment that had not yet had time to work.

Red Flags

- Back pain that **escalates** rather than settles after day 3–5, especially severe pain at rest or at night.
- Fever, chills, or night sweats.
- New leg weakness, numbness, or foot drop.
- Loss of bowel or bladder control.
- Redness, swelling, or drainage at the needle site.

Follow-Up Schedule

- **2 Weeks:** symptom check; lifting restrictions lifted.
- **6 Weeks:** functional reassessment; therapy may begin.
- **3 & 6 Months:** formal outcome assessment.
- Keep a simple record of pain and walking or sitting tolerance between visits.

Discitis — The Warning That Matters Most

Infection inside a disc (discitis) is uncommon but is the most serious complication of any intradiscal procedure. It characteristically appears as **severe, escalating back pain beginning several days to three weeks after the procedure** — pain that is worse at rest and at night rather than improving, often with fever or night sweats. Discs have very little blood supply, so these infections are difficult to treat and require prolonged intravenous antibiotics. Do not wait it out. Call immediately, or go to the emergency department after hours.

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