

# MYELOGRAM

## Discharge Instructions

1. Someone should stay with you the day and night following your exam.
2. You should not drive a motor vehicle following your myelogram. You may drive the day after your myelogram, but for short distances only (5 – 10 miles)
3. After arriving home following your myelogram, you should sit quietly in a comfortable chair or recliner or rest in bed with your head elevated on at least two pillows. For the rest of the day, get up **only** to eat your meals and to use the bathroom. Tomorrow you may sleep on the pillow.
4. Take your regular medications as well as those we have prescribed for you. If you were asked to stop taking some medications before the exam, those may be resumed 48 hours after the myelogram.
5. Resume your normal diet and drink extra fluids for 24 hours following the exam. The extra fluid will help your body get rid of the dye used for the myelogram.
6. The day after your myelogram, continue to rest at home. If you are working, you should plan to be off the day of the exam and the day following the exam. You may return to work the third day, only if you are not experiencing any severe headaches.
7. If a severe headache does occur after 24 hours:
  - Go to bed, lie completely flat for 24 hours. **NO** pillows. Do **NOT** get out of bed to eat or go to the bathroom. Use a bedpan or urinal.
  - If you get up during this 24-hour period, you must lie flat for another 24 hours beginning from the time you got up.
  - Continue to drink fluids, some with caffeine.
  - Take pain medications every 4-6 hours.
  - If your headaches not relieved by Darvocet first, as it has less of a nausea side effect.
  - If you cannot tolerate the headache or nausea despite the bedrest, pain or nausea medications, then you should go to the hospital emergency room for evaluation.
8. If you have a headache that has not significantly improved 7 days after the myelogram, contact the radiologist, who may arrange a procedure to be done by the anesthesiologist to relieve the headache..

Mission Radiology, \_\_\_\_\_ -- St. Joseph's Radiology, \_\_\_\_\_

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Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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