

Policy on advising myelography or advanced imaging (MRI/CT) for spinal cases

It has been the policy at WMRs for some years to advise advanced imaging (MRI / CT) for spine problems (eg intervertebral disc disease) rather than myelography. We don't currently offer advanced imaging though we should have CT by mid 2019.

We refer advanced imaging cases onwards to local providers of which there are several within a reasonable drive.

All of advanced imaging and myelography techniques require general anaesthesia.

Although we have done many hundreds of myelograms over the years and these can be an economical and efficient way of localising spinal compression, there is no question that they pose significant extra risks to a successful outcome in a spinal case. The technique of myelography involves injecting a contrast agent around the spinal cord and this can be an added insult (the agent and / or the needle itself) to an already compromised spinal cord.

Myelography itself can occasionally (perhaps 1 case in 200 cases) lead to severe progression (fits, neurological deterioration etc) requiring of euthanasia. These risks are in addition to the risks of general anaesthesia or to the underlying disease process being investigated/treated.

Advanced imaging only carries the risk of the general anaesthesia. The procedures themselves are benign and un-invasive, (though they can sometimes be a little time consuming).

For this reason, it is our opinion that the only reasons to do myelography rather than advanced imaging are economic (client unable to finance advanced imaging) or logistical (client unable to travel or no facility available to offer a service within an acceptable radius and timeframe).

So it is our policy to always recommend advanced imaging rather than myelography.

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