

# Kyphoplasty

## Patient Information

Kyphoplasty is a minimally invasive procedure designed to stabilize compression fractures in the spine. Special balloons are inflated in the damaged vertebra to create space. Bone cement is then injected into the area. Once the cement hardens, it stabilizes the area, which can relieve pain and increase mobility.

### Before Surgery

- Tell your doctor what medications you are currently taking. You may have to stop taking certain medications prior to your procedure.
- Do not eat anything after midnight on the day of your procedure.
- When you arrive for your procedure, a registered nurse will review your personal health history and physician orders.
- You will be taken to the pre-operative unit where the physician, nurses and anesthesiologist will collect information from you.
- You will put on a hospital gown, X-rays will be taken and an intravenous (IV) line will be started.

### During Surgery



An anesthesiologist will deliver medicine through your IV to either relax you or put you to sleep.



With X-ray guidance, your doctor will insert a needle into the damaged vertebra and inflate a balloon to help it regain its normal shape



Bone cement will be injected into the affected area.



Once the needle is removed, no stitches will be required.



The procedure usually takes less than one hour. Your surgery may last longer if multiple vertebrae are treated.

### After Surgery

- You will be transported to recovery after your surgery so that a nurse can assess your condition.
- Your doctor may want you to stay overnight, but some patients can go home the same day of surgery.
- Some patients can start walking an hour after the procedure.
- You may feel some soreness in the surgically treated area, but this typically lasts only a few days.
- Most patients feel less pain than they did before surgery.
- Your doctor may want to limit your activities for a time after surgery.
- You may be given vitamins, minerals or medications designed to help strengthen your bones and prevent future spinal fractures.

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