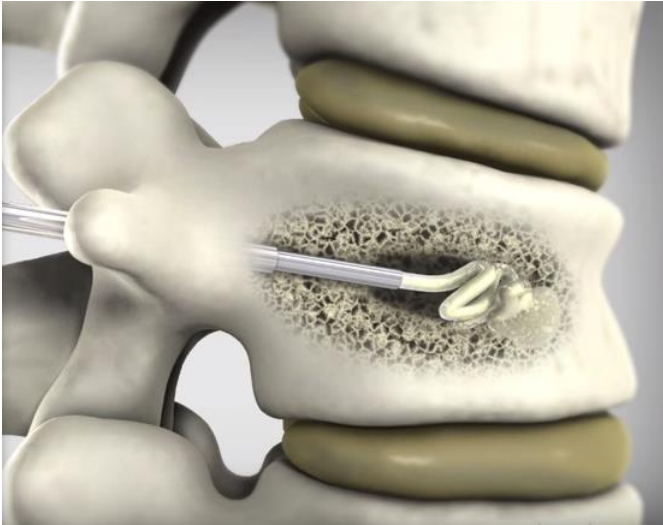


Kyphoplasty

You have been diagnosed with a compression fracture. This is when the of circular portion of the vertebrae, called the vertebral body, is broken. Kyphoplasty is a procedure performed to both prevent further height loss of your bone and to stabilize fracture lines, thereby decreasing pain.



The procedure involves placing a needle into one side of your back towards the posterior aspect of your vertebrae, called the pedicle. The needle is advanced through the pedicle and into the vertebral body, where the fracture exists. A balloon or curette is then placed through the needle to displace and, hopefully, increase height of the fractured bone. Bone cement is then carefully injected through the needle into the fractured bone. The procedure can usually be performed with just a single needle. Rarely, a second needle will need to be placed to ensure adequate bone cement spread across the entire fracture. The bone cement hardens to maximum strength in about 15 minutes. Patients can expect the entire procedure to take about an hour.

Patients must **stop** certain **blood thinners** prior to kyphoplasty. These include but are not limited to Plavix (clopidogrel), Warfarin (coumadin), Xarelto (rivaroxaban), Eliquis (apixaban), and Pradaxa (dabigatran). We will contact your prescribing physician for clearance regarding the safety of holding your blood thinner. Please do not stop blood thinners without being directed by us or your prescribing physician. Aspirin 81 mg (baby aspirin), NSAIDs (ibuprofen, meloxicam, naproxen, etc), and herbal supplements do not need to be stopped prior to kyphoplasty.

Patients will be offered intravenous anesthesia for this procedure by one of the Crosstown team's anesthesiologists. Therefore, **do not eat 8 hrs prior to scheduled procedure time.**