SpineFAQs Vertebroplasty

Compression fractures of the spine are most often related to osteoporosis or weakening of the spine. Traditionally, care for these painful fractures has relied upon allowing time for them to heal. Often, however, this can take 6-12 months. Because of the long duration of healing, and the significant pain associated with these fractures, techniques have been developed to help patients get better faster. Vertebroplasty is one of those techniques.

What is Vertebroplasty?
This is a minor surgical procedure that can be done under local anesthesia (numbing medicine plus some sedation medicine by vein) or under general anesthesia (being put to sleep). Using a special video x-ray machine, a small tube (called a cannula) is inserted through the skin into the broken bone. Bone cement (the same material we glue hip replacements in with) is then injected into the bone, hardens and stabilizes the fracture. This takes about 15-30 minutes to do.

What are the risks of Vertebroplasty?
Complications are very rare. There is a tiny chance of infection. There is a very remote chance of injury to the nerves or paralysis. There is a chance that while the cement is being injected, that it can leak out of the bone, either into the spinal canal (where the nerves are) or into the blood vessels. If this occurs, it is possible to have a major problem such as paralysis, injury to the lungs or even death. Fortunately, this is extremely rare.

How successful is Vertebroplasty?
Reports and my experience are very consistent. About 90% of people who have Vertebroplasty have good to excellent relief of their fracture pain. People usually go home soon after the procedure. Vertebroplasty is NOT able to help with chronic back pain, or with nerve pain.

Who is a candidate for Vertebroplasty?
If you are healthy enough to undergo anesthesia, have a new, painful compression fracture of the spine (as found on MRI or bone scan) that is NOT related to a tumor, you are a candidate for Vertebroplasty.