

Medications to Avoid Pre & Post Myelograms

Radiocontrast agents used in myelography have the ability to lower the seizure threshold and when used with other drugs that also have this ability, may lead to convulsions.

Drugs that possess the ability to lower seizure threshold should be discontinued at least 48 hours prior to myelography if possible and should not be resumed until at least 24 hours post-procedure. These drugs are listed below.

Phenothiazines

Acetophenazine (Tindal)
Chlorpromazine (Thorazine)
Promethazine (Phenergan)
Ethopropazine (Parsidol)
Fluphenazine (Prolixin)
Mesoridazine (Serentil)
Methdilazine (Tacaryl)
Perphenazine (Trilafon)
Prochlorperazine (Compazine)
Promazine (Sparine)
Promethazine (Phenergan)
Thiethylperazine (Torecan)
Thioridazine (Mellaril)
Trifluoperazine (Stelazine)
Triflupromazine (Vesprin)
Largon
Levoprome

MAO Inhibitors

Furazolidone (Furoxone)
Isocarboxazid (Marplan)
Pargyline (Eutonyl)
Phenelzine (Nardil)
Procarbazine (Matulane)
Tranlcypromine (Parnate)

Skeletal Muscle Relaxant

Cyclobenzaprine (Flexeril)
Demoral

Antidepressants

Amitriptyline (Elavil)
Amoxapine (Asendin)
Bupropion *(Welbutrin, Zyban)
Clomipramine (Anafranil, Placil)
Desipramine (Norapramin)
Doxepin (Sinequan)
Imipramine (Tofranil)
Maprotiline (Ludiomil)
Nortriptyline (Pamelor)
Protriptyline (Vivactil)
Trimipramine (Surmontil)

Combination Antidepressants

Amitriptyline + Chlordiazepoxide (Limbitrol DS)
Amitriptyline + Perphenazine (Triavil)

Miscellaneous Antipsychotics

Clozapine (Clozaril)
Haloperidol (Haldol)
Loxapine (Loxitane)
Pimozide (Orap)
Thiothixene (Navane)

CNS Stimulants

Amphetamines
Pemoline (Cylert)

Other

Blood Thinners
Plavix for 96 hours
Glucophage or Glucovance morning of study.

* Dose dependant risk of seizures. Do not exceed 450 mg/day or 150 mg/dose.

Post Myelogram Discharge Instructions

You have met the discharge criteria for the procedure performed today at Frisco Medical Center. To ensure your safe recovery, you must immediately notify your physician if you have any of the following symptoms. If you are unable to contact your physician, go to the Emergency Department.

SYMPTOMS TO WATCH FOR AND REPORT TO PHYSICIAN

1. Convulsions
2. Weakness or loss of function of your legs
3. Severe or uncontrolled headache
- ** If you develop a headache, increase the amount of fluids you are drinking and continue to lie flat in bed.**
4. Hives, swelling or difficulty breathing.
5. Unusual drowsiness or listlessness
6. Swelling at the puncture site
7. Blurred vision
8. Fever, chills, or a stiff neck

ACTIVITY

1. Stay in bed with your head elevated on two pillows for the next several hours.
2. You may get up for meals or to use the restroom, but return to bed when finished.
3. Do not bend over or otherwise let your head get below your heart during this time.

DIET

1. Resume your normal diet.
2. Drink plenty of fluid. Caffeinated drinks are acceptable.
3. Do not consume any alcoholic beverages.

CARE OF PROCEDURE SITE

You may remove the dressing and bathe as desired in 24 hours.