Kyphoplasty and Vertebral Compression Fracture (VCF)

**Indications for Kyphoplasty**
- Acute or sub acute VCF with Osteoporosis
- Steroid Induced Osteoporosis
- Multiple Myeloma
- Metastatic Disease

**Contraindication**
- Osteomyelitis

**Benefits of Kyphoplasty**
- Pain Relief
- Early and Increased Mobility
- Decreased Need for Narcotics
- Restoration of Vertebral Height

### Evaluation of Patients with Osteoporosis and Back Pain

**Who to Evaluate?**
1. Patients with new or sudden increase in thoracic or lumbar pain are suspect for Acute VCF.
2. Patients with persistent non-improving pain, kyphotic hump, protruding abdomen, and loss of height are suspect for Chronic VCF.

**Evaluation**

**If Patient Is Able to Have MRI Scan:**
1. AP and Lateral X-Ray of the Thoracic or Lumbar Spine
2. MRI with Stir Images of the Thoracic or Lumbar Spine

**or**

**If Patient Is Unable to Have MRI Scan:**
1. AP and Lateral X-Rays
2. CT Scan with Sagittal Reconstructions
3. Bone Scan

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**VCF IDENTIFIED**

- **Pain Mild & Collapse Minimal**
  - F/U X-ray 7 – 10 Days
  - Consider Orthosis

- **Pain Severe or Collapse Severe**
  - Kyphoplasty

- **Pain Same or Worse or Collapse Worse**
  - Kyphoplasty

- **X-ray Stable & Pain Improving**
  - Continue Conservative