**Bilateral sternocleidomastoid trigger point injection**

**OPERATIVE PROCEDURE:** Bilateral sternocleidomastoid trigger point injection.

**PREOPERATIVE DIAGNOSIS:** The patient has whiplash related injury with a lot of pain at the base of the neck, at the sternocleidomastoid.

**POSTOPERATIVE DIAGNOSIS:** The patient has whiplash related injury with a lot of pain at the base of the neck, at the sternocleidomastoid.

**PROCEDURE**:  Sternocleidomastoid insertion trigger point injection using landmark technique.

**SURGEON:** Amit Bhandarkar, MD

**COMPLICATIONS:**  None.

**ASSISTANT:**  None.

**ESTIMATED BLOOD LOSS:**  Scant.

**PREOPERATIVE PAIN LEVEL:**

**POSTOPERATIVE PAIN LEVEL**

**INDICATION**:

The patient presents with unresolved pain in the sternocleidomastoid muscle insertion following a whiplash injury. Conservative treatments have provided limited relief. A trigger point injection is indicated to alleviate muscle spasms and pain. The patient was seen initially, and we discussed the trigger point injection.

**INFORMED CONSENT:**

I obtained full, informed written consent. I explained the risks and benefits of the injections to the patient, including inadvertent visceral injection, vascular uptake, and nerve damage. I also presented the patient with incomplete pain relief and discussed rare possibilities of embolization and stroke. After understanding the risks and benefits, the patient consented to the bilateral sternocleidomastoid trigger point injections.

**PROCEDURE IN DETAIL:**

After obtaining informed consent and confirming her allergies, we could clean and prep her neck. After cleaning and prepping her neck, a timeout was carried out to confirm the patient's diagnosis. The patient's site of injections and allergies were also reconfirmed, after which I could identify the mastoid tip. We initially started on the right side and then subsequently went on to the left side.

I marked the area 2 cm below and behind the tip of the mastoid process.

The patient was sitting comfortably with the neck slightly flexed over the pillow.

The skin over the sternocleidomastoid insertion was cleaned with an antiseptic solution.

A 25-gauge needle was used for the injection. The needle was inserted directly into the identified trigger point.

Injection Solution:

   - Lidocaine 1% 1 mL.

   - Marcaine 0.25% 1 mL.

  - Dexamethasone 2mg 0.5 mL.

I was able to inject 2.5 mL at that location. A similar injection was then carried out with 2.5 mL on the other side, for a total of 2 sites. There was negative aspiration at both sites, and there was no blood aspiration.

The solution was injected slowly while the needle was withdrawn slightly to ensure even distribution within the trigger point.

The patient was monitored for any immediate adverse reactions. None were observed.

**OUTCOME**:

The patient tolerated the procedure well and was neurologically intact afterward. There were no complications or adverse reactions. The patient was instructed about further postoperative courses. The patient's pain immediately decreased to \*\*\*. The patient was educated about continuing activities at this time.

**FOLLOWUP:**

We will see the patient again in two weeks, reassess, reevaluate, and decide on a further plan of care. The patient was instructed about further postoperative care.

If you have any further questions, give me a callback. If you have any concerns, the Patient can contact me at