Trigger point injections

No Known Allergies

OPERATIVE PROCEDURE: BL Trapezial Trigger point injections.

PREOPERATIVE DIAGNOSIS: Spondylosis of the lumbar spine [M47.816]

Myofascial pain Syndrome with multiple trigger points in the upper back.

POSTOPERATIVE DIAGNOSIS: Spondylosis of the lumbar spine [M47.816]Myofascial pain syndrome with multiple trigger points in the upper back

PROCEDURES:

Bilateral upper and middle trapezial trigger point injection under ultrasound guidance.

ASSISTANT: None

COMPLICATIONS: None

SPECIMEN: None

ESTIMATED BLOOD LOSS: Scant

PREOPERATIVE PAIN LEVEL: 6

POSTOPERATIVE PAIN LEVEL: 1

PREOPERATIVE AREA:

All the risks of injections were discussed with the patient in the preop area. Risks included but were not limited to stroke, paralysis, infection, hematoma formation, and pneumothorax. The temporary nature of the pain relief was also explained to the patient. Alternative options for conservative care were also discussed with the patient. The patient completely understood and consented to the procedure, understanding the risks and the benefits. After obtaining full informed consent, the patient was also appropriately marked for the planned procedure. The patient was then transferred to the operating area.

OPERATIVE PROCEDURE: The patient was taken to the operating suite. Patient was identified by the head nurse and was placed in a prone position on a radiolucent table. The patient’s bony prominences were padded. Patient's relevant studies were put on display, and her vitals were monitored while patient was administered conscious sedation. The patient was prepped and draped in the normal sterile fashion using ChloraPrep solution. A surgical time-out was then performed to confirm the patient's identification, diagnosis, planned procedure, and allergies. The surgical site was also properly marked for the planned procedure.

We were able to bring in the ultrasound machine and nicely visualize the upper back musculature. With a high frequency probe, I could localize the trapezius and the underlying rhomboids. For the upper trapezial injections, the US probe was placed just at the base of the neck. After localizing the target site, I could use A 25 G needle with a premixed solution of Solumedrol, lidocaine, and Marcaine to advance the needle under US guidance towards the junction of the horizontal and vertical fibers of the trapezius. The Neurovascular structures were avoided. I was able to inject a 2-cc solution there. A similar injection was carried out on the opposite side.

For the mid-trapezial trigger point, which was medial to the scapular spine, I was able to visualize the ribs, trapezius, and underlying musculature. I was able to inject the trigger point under US guidance. Neurovascular structures and penetration deep below the trapezius were avoided. A similar injection was carried out on the opposite side.

We were able to inject a total of 8 cc of a mixture, which included 3 cc of 1% lidocaine, 3 cc of 0.25% Marcaine, and 2 cc of 125 mg of Solu-Medrol. The patient was moving the arm, and there was no pain radiating down the arm or chest pain at that point.

After injection, I was able to remove the needle and dress the wound with a band-aid. The patient tolerated the procedure really well. The injection site was cleaned with alcohol, and triple antibiotic ointment was applied. The patient was neurologically the same as before. Patient will be discharged home after observation. The patient was asked to contact us if any fever, increased pain, tingling, numbness or weakness, or any signs of infection. Discharge instructions were also handed over. The patient will also follow up with us in 1 week. The patient was ambulatory, denied complaints, and was DC to home. If any further questions concern in the meantime, they should contact me at SSM St Mary's