# Cervical Facet Joint Injection.

**NAME:**

**MRN:**

**DATE:**

**ALLERGY:**

**OPERATIVE PROCEDURE:**

**PREOPERATIVE DIAGNOSIS:**

**POSTOPERATIVE DIAGNOSIS:**

**PROCEDURES:**

**ASSISTANT:**

None

**COMPLICATIONS:**

None

**SPECIMEN:**

None

**ESTIMATED BLOOD LOSS:**

Scant

**PREOPERATIVE PAIN LEVEL:**

**POSTOPERATIVE PAIN LEVEL:**

**RATIONALE:**

### **PREOPERATIVE AREA:**

All the risks of injections were discussed in the preoperative area. Risks included, but were not limited to, stroke, paralysis, infection, hematoma formation, spinal fluid leak, and arachnoiditis. The temporary nature of the pain relief was also explained. Alternative conservative care options were discussed, and full informed consent was obtained. The planned procedure site was appropriately marked.

### **OPERATIVE PROCEDURE:**

The patient was taken to the operating suite and identified by the head nurse. The patient was positioned prone on a radiolucent table, and all bony prominences were padded. Relevant studies were displayed, and vitals were monitored. Conscious sedation was administered.

The patient was placed in the correct position with fluoroscopy on the right side. The neck was positioned in flexion in a prone view. The patient was prepped and draped in a sterile fashion. A surgical timeout was performed to confirm identification, diagnosis, planned procedure, and allergies.

Using the C-arm, the middle disc was visualized in AP view, providing a clear view of the cervical facet joints. Contralateral oblique views were also obtained. The right side was addressed first, followed by the left side.

The entry point was determined a few centimeters lateral to the midline using a clamp and C-arm guidance. The skin and cervical fascia overlying the entry point were anesthetized with 2–3 cc of 1% lidocaine. A 25-gauge spinal needle was slowly advanced toward the facet joint until tactile feedback confirmed correct positioning.

Once positioned, 0.5 cc of radiographic dye was injected, confirming no vascular flow, blood, or cerebrospinal fluid on aspiration. Each facet joint and surrounding area were injected with 1 mL of a premixed solution containing:

* 1% lidocaine
* 0.25% Marcaine
* 2 mg dexamethasone

The same procedure was performed on the left side, with oblique fluoroscopic views confirming proper needle placement. No complications were noted during the injections.

Pain level decreased from \*\*\* to \*\*\* following the procedure. The patient moved arms without difficulty, and no radiating pain was noted. The injection sites were clean, dry, and intact.

### **POSTOPERATIVE CARE:**

The patient tolerated the procedure well and was comfortable within 30 minutes. Neurological status remained unchanged. The patient passed urine and was observed for a short period before discharge.

**Discharge Instructions:**

1. Contact the office immediately for any signs of fever, increased pain, tingling, numbness, weakness, or infection.
2. Follow up in 1 week.
3. Maintain a pain diary to track progress.
4. The patient was ambulatory at discharge and denied complaints.

For any questions or concerns, contact Saint Mary's Hospital Centralia.