**CESI She Left**

OPERATIVE PROCEDURE

PREOPERATIVE DIAGNOSIS:Cervical DDD C5-6 and C6-7 with C6-7 and C5-6 Radiculopathy L> R

POSTOPERATIVE DIAGNOSIS: Cervical DDD C5-6 and C6-7 with left C6-7 and C5-6 Radiculopathy L> R

PROCEDURES:

1.C7- T1 Epidural Steroid Injection - Interlaminar

2. Epidurography with radiographic interpretation

ASSISTANT:None.

COMPLICATIONS:None.

SPECIMEN:None.

ESTIMATED BLOOD LOSS:Scant.

PREOPERATIVE AREA: All the risks of injections were discussed with the patient in the preop area. Risks included but not limited to stroke, paralysis, infection, hematoma formation, spinal fluid leak were discussed. The temporary nature of the pain relief was also explained to the patient. Patient completely understood and consented for the procedure understanding the risks and the benefits.

OPERATIVE PROCEDURE: The patient was taken to the operating suite and was placed in prone position on the operating room on a radiolucent table. Patient was in correct position with fluoroscopy on the right side. The patient was prepped and draped in the normal sterile fashion. Surgical time out was then performed to confirm the patient's identification. Surgical site was also properly marked for the planned procedure.

The entry point was decided around 0.5 cm lateral to the midline on the left side using a clamp and C-arm guidance. Skin overlying the entry point was then anesthetized with 3-4 cc of 1% lidocaine. After adequate anesthesia, a Tuohy needle, which was 18-gauge was slowly inserted towards the interlaminar space. The needle tip was monitored using a contralatreal oblique view and the AP view. We tried to positon the needle at C7 T1 interlaminar space more towards the left side on the AP view and just anterior to interlaminar line at C7 T1 interspace. LOR syringe was used while slowly advancing the needle. After the needle crossed the interlaminal space we got LOR. After that the site was aspirated and after confirming that there is no blood the site was injected with a dye so as to obtain epidurogram. The epidurogram does not show any vascular flow and there was negative aspiration There was no myelogram but epidurogram. After confirming that the Tuhoy needle was properly placed 4 cc of solution, which was a mix of 1 cc of 10 mg of dexamethasone and 3 cc of Preservative free NS was injected in that area under constant guidance. The patient was moving the legs and there was no pain radiating down his legs or arms at that point of time.

The patient had partial pain relief of her neck pain. She was neurologically same as before. She passed urine. She was discharged home after observation for 1 hour. She was asked to contact us if any fever, increased pain, wet dressing. Discharge instructions were also handed over to her. She will also follow up with us in two weeks. She had little increased pain in her neck during and for a short time after the procedure which responded to morphine. She was also prescribed tramadol for 15 days post procedure.

EPIDUROGRAPHY REPORT: The patient with multiple C-arm images obtained demonstrating docking the needle at C7 T1 interlaminar space. We have AP and lateral images demonstrating the appropriate needle position. We have subsequent images demonstrating flow of the contrast material along the dural sac segments. It was a epidurogram and not a myelogram after studying all 3 views. And there vas no vascular upatake as studied with the fulroscopy.