**Intra-articular Facet Joint Injection**

OPERATIVE PROCEDURE

PREOPERATIVE DIAGNOSIS:----

POSTOPERATIVE DIAGNOSIS: ----

PROCEDURES:----

1.----

2. Epidurography with radiographic interpretation of ----

ASSISTANT: ----

COMPLICATIONS: ----

SPECIMEN: ----

ESTIMATED BLOOD LOSS: ---

PREOPERATIVE PAIN LEVEL:----

POSTOPERATIVE PAIN LEVEL:---

RATIONALE :-----

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 and arachnoiditis were discussed. The temporary nature of the pain relief was also explained to the patient. The alternative options of conservative care were also discussed with the patient. Patient completely understood and consented for the procedure understanding the risks and the benefits. Patient was also appropriately marked for the planned procedure after obtaining full informed consent. Patient was then transferred to the operating area.

OPERATIVE PROCEDURE: The patient was taken to the operating suite he/she was identified by the head nurse and was placed in prone position on a radiolucent table. Patient’s all bony prominences were padded. Patient is relevant studies were put on display his/ her vitals were being monitored, he/she was administered conscious sedation. 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, diagnosis, planned procedure and allergies. Surgical site was also properly marked for the planned procedure.

We were able to bring in the C-arm and nicely visualize the disc in AP view. We were able to square the disc by manipulating the C-arm. Subsequently we were able to oblique the C-arm to obtain nice Scotty dog view which gave us nice end on view of the facet joint. We started with the left side first and then proceeded with the right side. The entry point was decided around 7 cm lateral to the midline using a clamp and C-arm guidance. Skin overlying the entry point and also the thoracolumbar fascia was then anesthetized with 3-4 cc of 1% lidocaine. After adequate anesthesia, a spinal needle, which was 22-gauge was slowly inserted towards the direction of the facet joints----------------- once near the facet joint. I was able to navigate the needle inside the facet joint and I obtained a nice tactile feel. Once the needle in its location, radiographic dye was injected 1/2 cc. Excellent arthrogram resulted at all the levels. There was no vascular flow and there was no blood or fluid on aspiration. Facet joints and surrounding area was then injected with the premixed solution. The total injection consisted of 0. 5 cc of lidocaine mixed with 0.5 cc of 0.25% Marcaine and 20/15 mg of Depomedrol at each level. Similar procedure was then carried out on the right side. we were able to visualize the facet joints on an oblique view and under fluoroscopic guidance the needle was slowly guided towards the facet joints---------------- and similar 1 .5 cc of solution was then injected at each level. The injection was done after confirming that the patient had no aspiration of any blood or any CSF. The patient was moving the legs and there was no pain radiating down her legs at that point of time. After injection I was able to remove the needle and dressed the wound with band-aid patient tolerated the procedure really well

After injection the patient’s pain went down from --------- to ------------. He/she was walking comfortably within half an hour after the injection. He/she was neurologically same as before. He/she passed urine. He/she was discharged home after observation. He/she 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 to him/her. He/she will also follow up with us in 1 week. if any further questions concern in the meantime, they should contact me at Heartland Regional Medical Center.