Trigger point injections

No Known Allergies

OPERATIVE PROCEDURE: BL Trapezial Trigger point injections.

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

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

POSTOPERATIVE DIAGNOSIS: Spondylosis of 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 not limited to stroke, paralysis, infection, hematoma formation, pneumothorax. 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. The patient completely understood and consented to the procedure understanding the risks and the benefits. The 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 suiteshe 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 her  vitals were being monitored,she  was administered conscious sedation.   The patient was prepped and draped in the normal sterile fashion using ChloraPrep solution. 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 ultrasound machine and nicely visualize the upper back musculature. With a high frequency probe I was able to 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 was able to use  A 25 G needle which had a premixed solution of  Solumedrol , lidocaine, and Marcaine, to advance the needle under the US guidance towards the junction of the horizontal and vertical fibres of trapezius. The Neurovascular structures were avoided. I was able to inject 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 the trapezius and underlying musculature. I was in able to inject the trigger point under US guidanane. Neurovascular structures and  Penetration deep below trapezius was avoided.   Similar injection was carried out on the opposite side.

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

After injection, I was able to remove the needle and dress the wound with band-aid patient tolerated the procedure really well.  Injection site was cleaned, with alcohol, and triple antibiotic ointment was applied. he  was neurologically the same as before. She will be discharged home after observation. 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. She will also follow up with us in 1 week  .Patient ambulatory, denies complaints, DC to home.   If any further questions concern in the meantime, they should contact me at SSM St Mary's

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