**SI Female bilateral**

OPERATIVE PROCEDURE

Preoperative Diagnosis--

Postoperative Diagnosis- Bilateral Sacroiliac joint pain

Surgeon - Dr Amit W Bhandarkar MD.

Assistant - None

Complications - None

Specimens- None

Blood loss- Scant

Procedure#1 -- Bilateral Sacroiliac joint injection.

Procedure#2--Arthrogram with radiographic interpretation.

Preoperative room.

The patient was reassessed her site, and the side of pain were reconfirmed. All possible risks of the procedures, which include but are not limited to, Infection, hematoma, visceral penetration, needle break, and no pain relief, were explained to the patient, and fully informed written consent was obtained.

Operative procedure.

On arrival to the operating room, patient particulars of her side and surgery site were reconfirmed. Her chart was checked, and her allergies were confirmed; all imaging studies were checked.

An I V access was established, and an antibiotic was administered. The patient was then positioned prone with pillows over a radiolucent table. The fluoroscope was adjusted to have a clear view of the sacroiliac joint. The patient was then prepped and draped in a sterile fashion. A timeout was then performed to reconfirm the diagnosis side site and patient particulars. We first started on the left and then went to the right.

The site of insertion of the needle was marked with a marker. Skin overlying the entry point of the needle was then anesthetized with 1 % of 3 cc lignocaine. After checking for adequate anesthesia, a 22 gauge Tuohy needle was then slowly advanced towards the left SI joint under fluoroscopy guidance. Once the needle is aligned properly and the tip is in proximity of the joint, the position was then confirmed using AP lateral and oblique views. Radiographic dye was then injected to confirm the position-excellent arthrogram resulted.

We aspirated one more time to confirm that we are not in any blood vessel. We then injected the joint with 2. 5cc of premixed solution of 5cc of 1% lidocaine and 1 cc o Depo - Medrol, (40 mg/ CC). We were able to remove the needle, clean the skin and dress the wound with a Band - Aid.

Similar procedure was then carried out on the right side. We were able to place the need approapriately and a nice arthrogram was obtained. We similarly injected 2.5 cc of premixed soulution on the right side as well.

 The patient was allowed to sit and then was transported to the recovery. Patient was restless initially as she was not used to lying on her stomach. She also had increase in her Blood pressure but eventually settled. She was givein 4 gm of versed to reduce her anxiety. The patient tolerated the procedure well. the patient was observed for one hour in the recovery patient had near complete pain relief was able to walk normally. She was neuro intact and was then discharged home. She was instructed about the care. She was asked to contact us in case of any fever any redness or swelling around the injection site or any increasing pain. She was handed over the prairie spine number and we will see her back in 2 weeks.

Arthrogram report

Patient with multiple C- arm images demonstrating placement of a needle into bilateral SI joints. Subsequent images demonstrate contrast material flowing in sacroiliac joint, especially noting a lining up of contrast material along the sacrum on both sides.