MOSES JOSEPH E

P25584

DATE OF PROCEDURE: 08/25/2017

PREOPERATIVE DIAGNOSIS: FAILED BACK SYNDROME WITH SEVERE AXIAL BACK PAIN WITH SEVERE SACROILIAC JOINT PAIN. PATIENT'S PAIN FAILED CONSERVATIVE MEASURE AND ALSO HAS FAILED PREVIOUS OPERATIVE ATTEMPTS.

POSTOPERATIVE DIAGNOSIS: FAILED BACK SYNDROME WITH SEVERE AXIAL BACK PAIN WITH SEVERE SACROILIAC JOINT PAIN. PATIENT'S PAIN FAILED CONSERVATIVE MEASURE AND ALSO HAS FAILED PREVIOUS OPERATIVE

ATTEMPTS.

PROCEDURES:

1. PERCUTANEOUS SPINAL CORD STIMULATOR TRIAL.
2. USE of CARM FOR APPROPRIATE PLACEMENT OF THE SPINAL STIMULATOR LEADS.

SURGEON: Dr. Amit Bhandarkar.

ASSISTANT: None.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Scant.

HARDWARE UTILIZED: Stimulator leads implant used BOSTON SCIENTIFIC.

PREOPERATIVE AREA: The patient was counseled and patient's pain diagram was again looked at. The patient leg pain onto his left leg and more right hip pain. It was decided to implant the leads into positions best to cover those areas. He also had a previous implant spinal cord stimulator which was removed because it was thought that there was a problem and device malfunction. The patient was counseled that we will have difficulty negotiating the leads in scarred The patient was also explained that the chance of blood clot formation, spinal fluid leak, and nerve damage he was alslo explained the steps we take to prevent the complication. All of the risks and benefits of the procedure and the protocol to be followed for the care postop was explained to the patient in detail. The patient understood verbalizing agreement with the current plan and consented to the procedure.

After appropriately marking the patient and obtained consent from the patient, the patient was wheeled into the operating room where the patient was identified by the head nurse and anesthetist. The position was then positioned prone on a radiolucent Jackson table. All of the body prominences were padded. The patient's IV lines were hooked up. We then prepped and draped the patient's lumbar spine in the usual sterile manner. We brought the C-arm in. A time out was carried out to confirm the patient's side, site of pain, also the diagnosis. The patient is allergic to Torodol. After that, we monitored skin at the point using a C-arm to observe to enter at the detail of L1 space so we identified the L2 pedicle onto the left side and we went ahead and marked that L2 pedicle on the skin. Once that was identified and marked, I took a small 11 number knife for the small stab incision in that location and after infiltration of the area with local anesthesia following which I use a Tuohy needle 14-gauge and slowly at a 45 degree angle, I was palpating the lamina and moved the needle closer to the trans pedicular line at T12-L1 area. I was able to feel loss of resistance to my further insertion. I then took a lateral view and confirmed that we are at the appropriate depth. I then removed the stylet and used the lead to pass through it and before doing that I did aspiration. There was negative aspiration of any CSF. I did a loss of resistance with a LOR syringe. I found nice loss of resistance under C-arm fluoroscopy I was then able to pass the lead. It was nicely placed dorsally and was going little away from the midline for which I was immediately able to manipulate more in the midline and slowly push the lead slowly under fluoroscopic guidance until the lead was accurately positioned in the midline of T9. Beyond T9 I was feeling some resistance blocking the lead towards the left side so was moved to the right side. I was able, with difficulty, to cross that at the T9-T8 level cross and laid a little on her left side till the upper border of T7. At this point in time, we brought the pulse generator came in and connected it to a pulse generator. We had very good impedance and then we went ahead and stimulated the patient and looked for the coverage. We were able to obtain nice coverage of the patient's back and both the legs both left and right sides were covered. He had nice coverage in his right side in the legs at the leads placed at T9 and he had nice stimulation of his hips and left-sided pain was covered by stimulation at mid body of T8 on the left side. The central point of stimulation was the T8 and T9 vertebral bodies for left and right side respectively. At this point in time, I then disconnected the implant stimulator and I removed the guide wire inserted with the stimulator lead and I was able to remove the needle through which the lead was passed and I was able to suture the lead to the skin. A sterile dressing was then applied to the skin. The connector to the stimulator lead was then also included in the dressing and was attached to the leads. The patient had received antibiotics during the procedure.

The patient was then turned supine. The patient was nice and awake. The patient was wheeled into the recovery room which he was again re-stimulated. At this point in time again, he got excellent coverage. He got good pain relief with prism which had had nice stimulation to dorsal columns. The patient was satisfied presently with stimulator lead. The patient's pain for most of the procedure was controlled with Morphine. The patient was then observed for a few hours in the recovery area. He was given Norco for pain relief. He was also having good stimulator control of his pain with stimulation. He was able to walk by himself. He was given further plan of care. He was asked to avoid any lifting and twisting. I will see him next Thursday and at that point I will conclude if his trial was successful or not. The patient was also explained not to wet the dressing and to be in contact with our office to make sure that he is doing okay. If he develops any problems, like weakness, numbness, or anything like that he is to contact us on immediate basis. The patient was also given antibiotics to be taken at home for the length of trial, which will be Keflex to be taken twice a day. The patient complied and understood all the instructions. The patient will follow with us on Thursday and at that point of time will conclude our results with trial and based on that will go ahead. Any further questions or concerns, the patient should be contacting Prairie Spine by phone.