Procedure Report — Transforaminal Epidural Injection

EndoSoft Surgery Center
135 Broadway
Schenectady, NY 12144

Patient Name:	Mary Smith
Patient Sex:	Female
Date of Birth:	09/15/1982
Record Number:	0159876
Date / Time of Procedure:	5/18/2017, 07:56:49
Referring Physician:	Frank Black, MD
Procedure Performed by:	Debbie Doe, MD

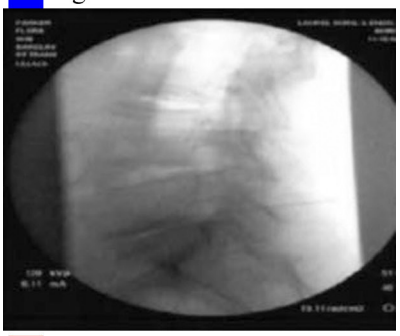
PROCEDURE PERFORMED:
TRANSFORAMINAL EPIDURAL INJECTION
PRE-OPERATIVE DIAGNOSIS: Lumbar spinal stenosis, Right lumbar radiculitis
POST-OPERATIVE DIAGNOSIS: Lumbar spinal stenosis, Right lumbar radiculitis
ANESTHESIA : Conscious sedation
ALLERGIES: Sulfa

JUSTIFICATION FOR PROCEDURE:
Patient is a 75 year old female with c/o pain in the lower back radiating to the right lower extremity. The pain is fairly severe and increases with activity and is not well relieved with pain medication. Activities of daily living are severely affected. MRI done showed spinal stenosis and facet arthropathy multilevel in the lower lumbar spine with neural foraminal encroachment at L2-3 and L4-5 and L5-S1. Patient is here today for a right lumbar transforaminal epidural steroid injection at L3, L4 and L5. Risks and benefits were discussed in detail and patient agreed to proceed.

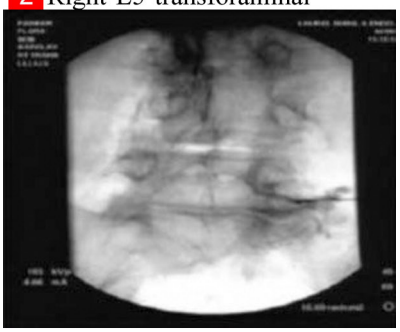
PROCEDURE TECHNIQUE:
After informed consent, the patient was taken to the OR and placed in a prone position. Monitors were applied, time out called and IV sedation titrated. When the patient was comfortable, the lower back was prepped in sterile fashion with betadine and draped. Then for an L5 transforaminal block, the endplates of L5 and S1 were aligned and the C-arm was tilted obliquely to the RIGHT and 1% 3cc PF lidocaine skin wheal was raised with a 27G needle lateral to the midline. Then L5-S1 foramen on the RIGHT was negotiated under direct intermittent fluoroscopy with a 22G short bevel needle without using the pedicle and superior articular process as a guide. Lateral view was used to confirm needle placement and depth. Negative aspiration confirmed for blood and csf. No parasthesias. In the AP view 1/2 cc of contrast omnipaque 240 showed good spread of dye along the L5 nerve root on the RIGHT and through the L5-S1 foramen into the axillary recess of the betamethasone and 1 cc of 0.25% PF naropin was injected without adverse effect.

Then for L4 transforaminal block, the end plates of L4 and L5 were aligned and the C-arm was tilted obliquely to the RIGHT and 1% 3cc PF lidocaine skin wheal was raised with 27G needle lateral to the midline. Then the L4-L5 foramen on the RIGHT was negotiated under direct intermittent fluoroscopy with a 22G short bevel needle without difficulty using the pedicle and superior articular process as a guide. Lateral view was used to confirm needle placement and depth. Negative aspiration confirmed for blood and csf. No parasthesias. In the AP view 1/2 cc of contrast omnipaque 240 showed good spread of dye along the L4 nerve root on the left and through L4-L5 foramen into the axillary recess of the epidural space without any vascular uptake. Then 1/2cc of PF nonparticulate betamethasone and 1cc of 0.25% PF naropin was injected without adverse effect.

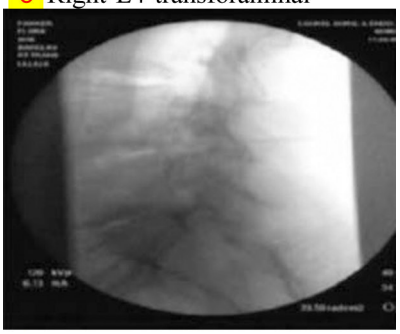
1 Right L5 transforaminal



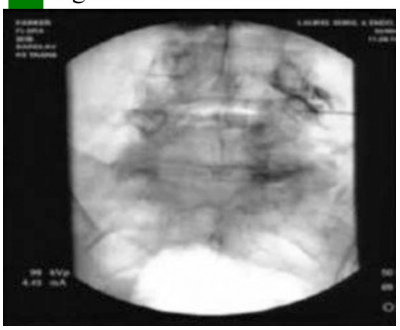
2 Right L5 transforaminal



3 Right L4 transforaminal

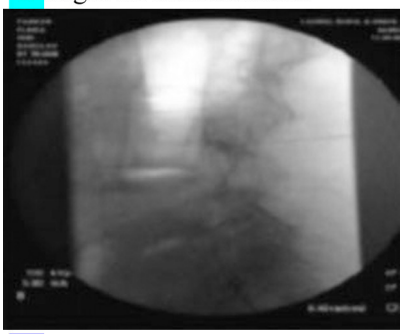


4 Right L4 transforaminal

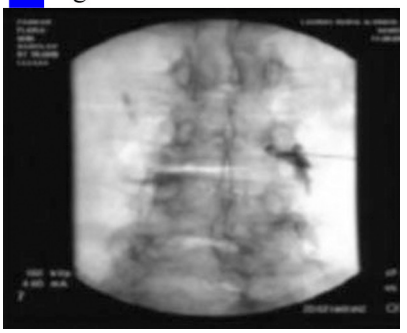


Then for L3 transforaminal block, the end plates of L3 and L4 were aligned and the C-arm was tilted obliquely to the RIGHT and 1% 3cc PF lidocaine skin wheal was raised with 27G needle lateral to the midline. Then the L3-L4 foramen on the RIGHT was negotiated under direct intermittent fluoroscopy with a 22G short bevel needle without difficulty using the pedicle and superior articular process as a guide. Lateral view was used to confirm needle placement and depth. Negative aspiration confirmed for blood and csf. No parasthesias. In the AP view 1/2 cc of contrast omnipaque 240 showed good spread of dye along the L3 nerve root on the left and through L3-L4 foramen into the axillary recess of the epidural space without any vascular uptake. Then 1/2cc of PF nonparticulate betamethasone and 1cc of 0.25% PF naropin was injected without adverse effect. The needle was removed and the patient was transported to PACU in a stable condition.

5 Right L3 transforaminal



6 Right L3 transforaminal



INTRA-OP MEDICATIONS: Yes Versed, 3.0 mg, Fentanyl, 50 mcg,

COMPLICATIONS: None

CONDITION OF PATIENT: Hemodynamically stable in the perioperative period.

Pre Op: BP 150/90 HR 61 RR 19 SPO2 94%

Post Op: BP 164/84 HR 58 RR 17 SPO2 100%

PRE-PAIN LEVEL: 8/10

POST-PAIN LEVEL: Moderate pain relieve noted in PACU. Will re-evaluate on return to clinic on follow-up.

PLAN OF CARE:
Continue PO pain meds.
Discharge instructions given.
Follow-up visit scheduled.
If any problems, contact the apin clinic.
Right Sacroilliac joint injection.
Physical therapy.
Evaluate for axial lumbar facet pain.
Medial branch diagnostic blocks for facet pain.
Radiofrequency denervation of lumbar medial branches.
Weight-loss program.

Signature: _____ Debbie Doe, MD

ICD-10 Codes:
M48.06 SPINAL STENOSIS OF LUMBAR REGION
M54.14 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED

CPT:
64484 INJECTION, ANESTHETIC/STEROID, TRANSFORAMINAL EPIDURAL;LUMBAR/ SACRAL, ADD'L LEVEL