

CAUDAL ESI WITH CATHETER

PROCEDURE:

- 1) Caudal epidural steroid injection with catheter
- 2) Fluoroscopic needle guidance

REASON FOR PROCEDURE: A

PHYSICIAN:

MEDICATIONS INJECTED: 2 mL of Depo-Medrol (80 mg) and 3 mL of sterile, preservative-free normal saline

LOCAL ANESTHETIC INJECTED: 4 mL of 1% lidocaine

SEDATION MEDICATIONS: None

ESTIMATED BLOOD LOSS: None

COMPLICATIONS: None

TECHNIQUE: A time-out was taken to identify the correct patient and procedure side prior to starting the procedure. Lying in the prone position, the patient was prepped and draped in sterile fashion using DuraPrep and a fenestrated drape. Appropriate anatomic landmarks were determined using a lateral fluoroscopic image. Local anesthetic was given by raising a wheal and going down to the hub of a 27-gauge 1.25-inch needle. A 17-gauge, 3.5-inch Tuohy needle was introduced through the sacral hiatus. The needle was advanced caudal to the inferior sacroiliac joint line. A 19-gauge Arrow TheraCath catheter was then advanced through the needle to the B interspace. Omnipaque 240 was injected to confirm placement in the appropriate epidural space, and to show that there was no vascular runoff. The medication was then injected slowly. The catheter was then removed with the tip intact.

The procedure was completed without complications and was tolerated well. The patient was monitored after the procedure. The patient (or responsible party) was given post-procedure and discharge instructions to follow at home. The patient was discharged in stable condition. A follow-up plan was made.

Pre-procedure pain score: 9/10

Post-procedure pain score: 0/10

Notes: Talk about relief since last injection, or any interim events if you haven't seen them in clinic since the last injection, or improved function examples. Maybe mention a particular positioning change for that patient or that they were especially sensitive to the lidocaine sticks. Add anything that will help you on your next injection.