

CERVICAL INTERLAMINAR ESI

PROCEDURE:

- 1) C7-T1 interlaminar epidural steroid injection
- 2) Fluoroscopic needle guidance

REASON FOR PROCEDURE: A

PHYSICIAN:

MEDICATIONS INJECTED: 2 mL of Depo-Medrol (80 mg) and 1 mL of sterile, preservative-free normal saline

LOCAL ANESTHETIC INJECTED: 5 mL of 1% lidocaine

SEDATION MEDICATIONS: None

ESTIMATED BLOOD LOSS: None

COMPLICATIONS: None

TECHNIQUE: Time-out was taken to identify the correct patient, procedure and side prior to starting the procedure. With the patient lying in a prone position with the neck in a slightly flexed position, the area was prepped and draped in sterile fashion using DuraPrep and a fenestrated drape. The area was determined under fluoroscopic guidance. A 27-gauge, 1.25-inch needle was used to anesthetize the needle entry site and subcutaneous tissues. The 18-gauge, 3.5-inch Tuohy needle was advanced through the ligamentum flavum using loss of resistance technique. Once the tip of the needle was thought to be in the desired position, the Omnipaque 240 was injected to confirm only epidural spread and no vascular runoff via A-P and contralateral oblique views. The injectate was then injected slowly.

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 appointment 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.