

**CERVICAL TRANSFORAMINAL EPIDURAL STEROID INJECTION
- Supine Positioning**

PROCEDURE:

- 1) A transforaminal epidural steroid injection
- 2) Fluoroscopic needle guidance

REASON FOR PROCEDURE: B radiculopathy

PHYSICIAN:

MEDICATIONS INJECTED: 1.5 mL of Dexamethasone (15 mg)+ C mL of preservative free, sterile normal saline (split between all the levels named above).

LOCAL ANESTHETIC INJECTED: None

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. Lying in a supine position, the patient was prepped and draped in the usual sterile fashion using DuraPrep and a fenestrated drape. The area to be injected was determined under fluoroscopic guidance. On an ipsilateral oblique view, with great visualization of the neural foramen, the 3.5-inch 25-gauge Quincke needle was advanced toward the anterior facet joint just posterior to the foramen with the above-named nerve roots. The needle was then walked off anterior until it laid in the posterior foramen. Omnipaque 240 was injected to show epidural spread and to confirm no vascular runoff. After multiple negative aspirations, the medication was then injected.

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.