

KYPHOPLASTY

PROCEDURE PERFORMED:

Transpedicular kyphoplasty at the __A__, on the __B__ side

PRE-PROCEDURE DIAGNOSIS:

- 1) Compression fracture of the __C__ vertebra
- 2) Pain at these levels of compression fracture
- 3) No myelopathy or retropulsed fragments

POST-PROCEDURE DIAGNOSIS: Same as above

PHYSICIAN:

SEDATION USED: __D__

ANTIBIOTICS USED: 1 gram IV Ancef. Patient also given a prescription of Keflex 250mg q6 hrs for 3 day after the procedure.

LOCAL ANESTHETIC USED: 1% lidocaine, 8 mL per side

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None

BONE MARROW BIOPSY: __E__

TECHNIQUE: Time-out was taken to identify the correct patient, procedure and side prior to starting the procedure. With the patient lying in the prone position and after receiving the intravenous sedation, the area was prepped and draped using the usual sterile fashion with DuraPrep and blue towels with a laparotomy sheet. The levels of the compression fractures were determined under fluoroscopic guidance. Local anesthetic was given with a 27-gauge 1.25-inch needle. That was followed with completing the local anesthetic injection with a 3.5-inch 22-gauge Quincke needle going down all the way to the periosteum of the desired pedicle. A 3 mm longitudinal incision was made with a #11 blade around the 22-gauge spinal needle so we could introduce the 11-gauge trocar and cannula to the pedicle. Through a transpedicular approach, the trocar and cannula were introduced and advanced slowly with a mallet and frequent A-P and lateral fluoroscopic images. Once in the posterior vertebral body, [__F__ (pertaining to bone biopsy)] the hand drill was advanced under lateral imaging until it got to the anterior one-third of the vertebral body. The __G__ kyphoplasty balloon was

then introduced through the trocar. The balloon was then inflated with contrast dye under fluoroscopy; no breach of the endplates was observed. The methyl methacrylate resin was mixed together and the amounts were applied to each level. **I** {amount at each level}. No escape was observed while introducing the cement and this was done under live fluoroscopy. The cannula was reinserted into each trocar under live fluoroscopy as well. Each trocar and cannula was removed under live fluoroscopy in a very slow fashion to observe the contrast-impregnated cement; no contrast was observed flowing into the canal or through the pedicle. Steri-Strips were applied along the small incision site.

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.