

**LUMBAR MEDIAL BRANCH RADIOFREQUENCY ABLATION
UNDER FLUOROSCOPY**

PROCEDURE:

- 1) A medial branch radiofrequency ablation
- 2) Fluoroscopic needle guidance

REASON FOR PROCEDURE: Lumbar arthropathy and pain

PHYSICIAN:

MEDICATIONS INJECTED: Before the ablation, 1 mL of 1% lidocaine was injected at each level. After the ablation, 0.5 mL of Depo-Medrol was injected at the ablation site and up to 2 mL of 1% lidocaine was injected as the needles were removed.

LOCAL ANESTHETIC INJECTED: 5 mL of 1% lidocaine per site

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 prone position, the patient was prepped and draped in the usual sterile fashion using DuraPrep and a fenestrated drape. The levels were determined under fluoroscopy. Local anesthetic was given by raising a skin wheal and going down to the hub of a 27-gauge 1.25-inch needle. A B radiofrequency needle was introduced to the anatomic location of the medial branch at the junction of the superior articular process and transverse process utilizing intermittent fluoroscopy. Motor stimulation up to 2 volts was done to confirm no ablation of the ventral ramus at each level. 1 mL of 1% lidocaine was then injected slowly at each level. After waiting 30-60 seconds, ablation was performed utilizing a radiofrequency generator at 80 degrees C for 90 seconds. The needles were then moved slightly back and rotated and a second ablation was done at 80 degrees C for another 90 seconds. After the ablation, the above injectate was given at each level.

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.