

LUMBAR/SACRAL TRANSFORAMINAL EPIDURAL STEROID INJECTION

PROCEDURE:

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

REASON FOR PROCEDURE: B

PHYSICIAN:

MEDICATIONS INJECTED: 1 mL of Dexamethasone (10 mg)+ 1 ml of 1% lidocaine

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 area to be injected was determined under fluoroscopic guidance. Local anesthetic was given by raising a skin wheal and going down to the hub of a 27-gauge 1.25-inch needle. The 3.5-inch 25-gauge Quincke needle was advanced toward the 6 o'clock position of the pedicle at each above-named nerve root level. The needle was advanced to the final position via a lateral fluoroscopic intermittent image. Omnipaque 240 was injected and showed epidural spread and there was no vascular runoff. After a negative aspiration, 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.