

TROCHANTERIC BURSA INJECTION UNDER FLUOROSCOPY

PROCEDURE: A trochanteric bursa injection under fluoroscopic guidance

REASON FOR PROCEDURE: B trochanteric bursitis

PHYSICIAN:

MEDICATIONS INJECTED: 1 mL of Kenalog and 2 mL of 1% lidocaine

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. With the patient in the side-lying position, with the C side up, the patient was prepped and draped in the usual sterile fashion using DuraPrep and a fenestrated drape. Local anesthetic was given by raising a skin wheal and going down to the hub of a 27-gauge 1.25-inch needle. A 22-gauge, 3.5-inch Quincke needle was introduced under intermittent fluoroscopy until the tip reached the lateral greater trochanter. The needle was then withdrawn 2 to 5 mm and contrast was injected to confirm intrabursal placement. The above injectate was then given. The needle was then removed intact.

The procedure was completed without complications and was tolerated well. The patient was monitored after the procedure. The patient was given post-procedure and discharge instructions to follow at home. The patient was discharged in stable condition. A follow-up plan 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 injections.