

ACROMIOCLAVICULAR JOINT STEROID INJECTION

PROCEDURE:

- 1) A acromioclavicular joint steroid injection
- 2) Fluoroscopic needle guidance

REASON FOR PROCEDURE: B

PHYSICIAN:

MEDICATIONS INJECTED: 1 mL of Kenalog (40 mg) and 0.5 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. While lying in the supine position, the patient was prepped and draped in the usual sterile fashion using DuraPrep and a fenestrated drape. The target site was determined under fluoroscopy. A 22-gauge, 2-inch needle was then used to advance down to the acromioclavicular joint using intermittent fluoroscopy. Once the tip was thought to be in the appropriate intraarticular space, aspiration was attempted to confirm it was not intravascular placement. Omnipaque 240 was then injected to both confirm intraarticular spread and to show no vascular uptake. At this point medication noted above was injected slowly.

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 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.