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OPERATIVE REPORT

PATIENT NAME:

CHART #:

DATE OF SURGERY: 12/07/2012

PREOP DIAGNOSES:

1. Left facet disease, chronic and recurrent.
2. Left facet dysarthropathy, chronic and recurrent.

POSTOP DIAGNOSES:

1. Left facet disease, chronic and recurrent.
2. Left facet dysarthropathy, chronic and recurrent.

PROCEDURE PERFORMED:

1. Left facet intraarticular injection of human allograft membrane L3-4, L4-5, and L5-S1.
2. Left median branch block under fluoroscopic beam guidance, conscious sedation, three levels, L3-4, L4-5 and L5-S1.

SURGEON:

ANESTHESIA: Per anesthesia group.

CONSENT: The risks have been discussed. Discussed summary of clinical findings. The patient agreed to proceed.

ANTIBIOTICS: None given.

COMPLICATIONS: Negative.

PROCEDURE: After risks and benefits were discussed, the patient agreed to proceed. Consent was signed. IV was started in the dorsum of the right hand under aseptic technique, alcohol prep. RL at TKO. The patient was taken to the fluoroscopic room and placed in prone position, pressure points padded, monitors placed, EKG x 3, blood pressure to left upper extremity, pulse oximetry to left upper extremity. The back was prepped 5 times with alcohol prep, 5 times with Hibiclens prep. Under strict aseptic technique with the patient in the prone position, sterile drapes, sterile technique, AP identified L3-4 through L5-S1 vertebral bodies, with oblique tilt to the left 15 degrees to obtain Scotty dog image. First lidocaine subcu, then under DDD, depth-direction-depth identified. A Quincke 22 gauge needle was placed intra-articular at the L3-4, L4-5 and L5-S1 anterior facet joints. Aspiration for heme negative, CSF negative; paresthesias negative

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and capillary refill negative. At this point, I injected 1 mL intra-articular human allograft membrane at each site. The maintaining the same oblique angle to the left, the needle was taken out of the facet joint and leaned just outside the capsule. I injected Depo-Medrol 40 mg mixed with bupivacaine 0.25% , x3 mL, 1 mL in each site. After this was done, maintaining the same oblique angle, the needle was taken out of the facet capsule and leaned laterally, placed at the centroid position where the median branch courses at L3-4, L4-5 and L5-S1. At this point I injected 0.5 mL of Isovue at each site, no vascular runoff was noted. These were placed where the median branch courses. I then injected bupivacaine 0.25%, 1 mL in each site. After this was done, all needles were extracted. The patient self-rolled to the transfer bed with Aldrete score of 10/10, Bromage score 0/3, and Ramsay score 2/6. The patient tolerated the procedure well.

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D: 12/10/12
T: 12/11/12