



**Patient Name:** John Doe **MRN:** 1  
**Exam Date:** 11/05/2002 **Case # :**  
**Surgeon:** Daniel L. Bruning, MD **DOB :** 04/15/1942  
**Referring:** Kimber Eubanks, MD  
**Procedure:** Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance Left Side L2,L3  
**Diagnosis:** 724.4 LUMBAR RADICULOPATHY  
722.10 LUMBAR INTERVERTEBRAL DISC DISPLACEMENT W/O MYELOPATHY  
722.52 DEGENERATIVE DISC DISEASE

**Indications:** Low Back pain with radiation down the leg on the left side.

**Informed Consent:** The procedure and expected outcomes were explained to the patient. The risks including but not limited to lack of improvement, increase or no decrease in pain, worsening of condition, nerve damage resulting in weakness or numbness, damage to adjacent organs, infection and bleeding were explained. All questions were answered and the patient agreed to the procedure.

**Anesthesia:** Conscious Sedation with IV Fentanyl 0.1mg and Versed 1mg was utilized for patient comfort and anxiolysis. Buffered 1% Lidocaine was utilized for skin and subcutaneous infiltration.

**Position:** Prone Position

**Description of Procedure:** After Sterile prep and drape and under fluoroscopic imaging guidance, local skin infiltration over the left L3 neural foramen was accomplished into the deep tissues with a 30ga. needle. A 22 ga. 3 1/2 inch needle with a slight curve to the tip was directed down to the infero-medial edge of the transverse process at L3. On lateral view, the needle was then directed into the superior portion of the neural foramen. With AP view, 1cc of Omnipaque 300 was injected and seen to spread along the nerve and then into the neural foramen into the proximal epidural space. 1 cc of a combination of Fentanyl 0.025mg and 10mg of Triamcinolone Acetate was injected. Good spread proximally was further seen with dilution of the dye and the patient had re-creation of their normal pain pattern.

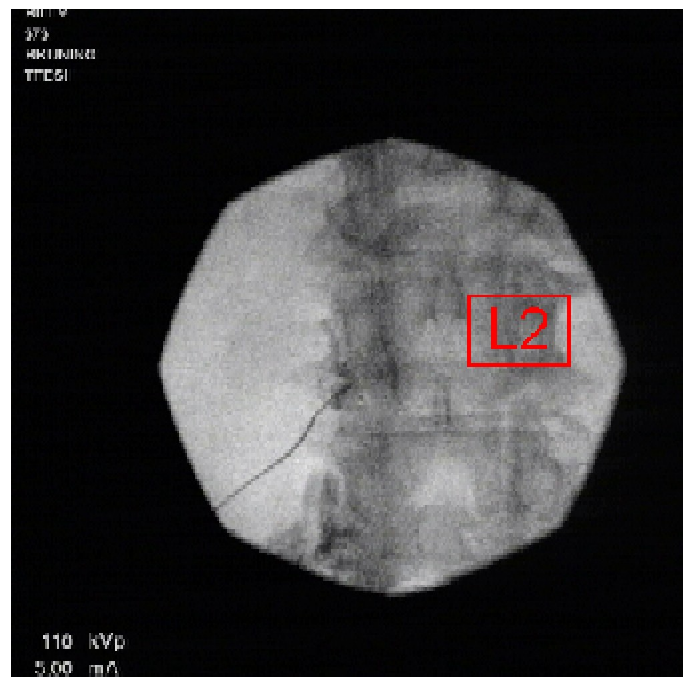
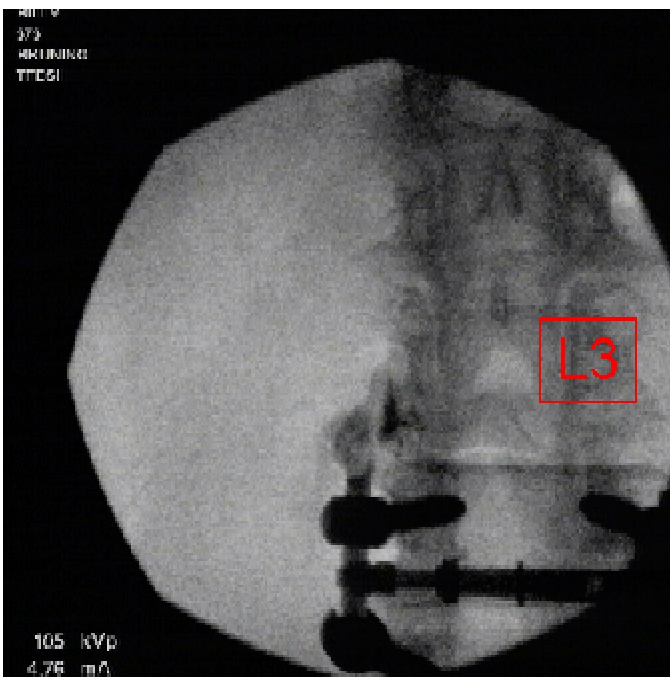
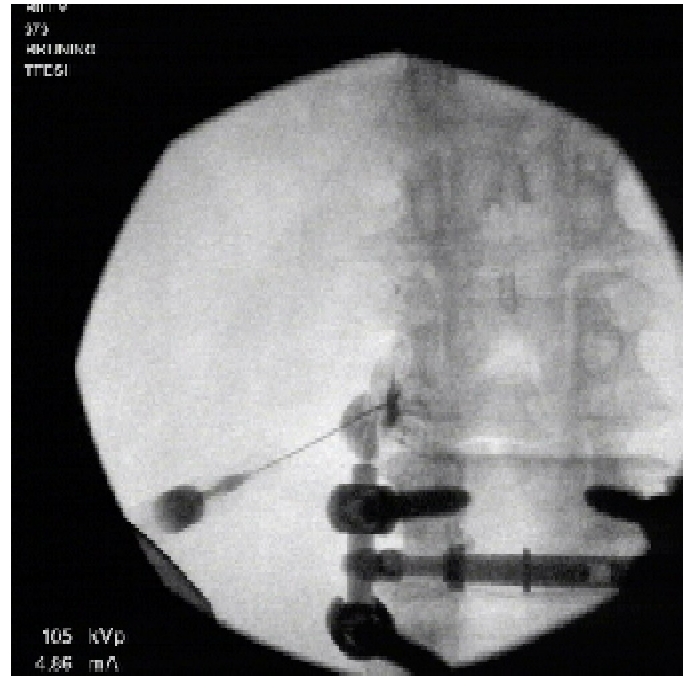
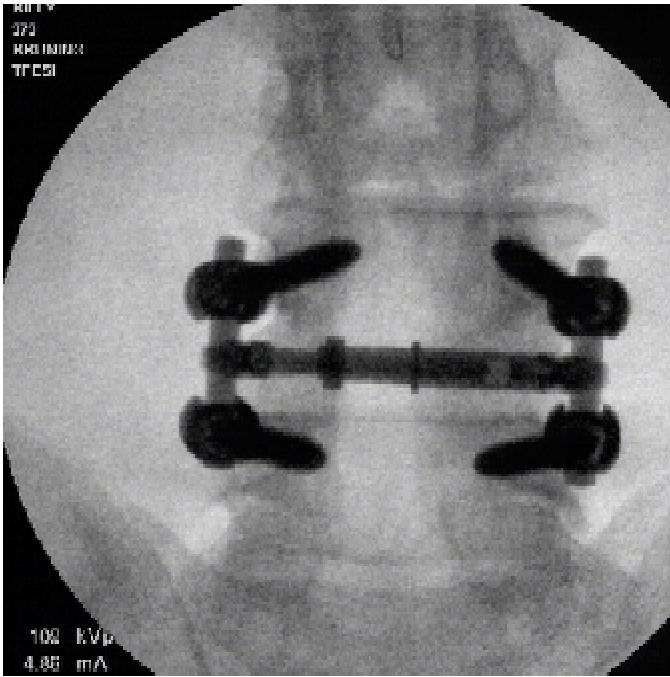
The needle was removed and the C- arm moved superiorly to visualize the L2 neural foramen. A 22 gauge 3 1/2 inch needle was directed through a 1% lidocaine skin wheal to the superior border of the transverse process. This was then walked off into the foramen. 1 cc of Omnipaque 300 was injected. with good outline of the L2 nerve root. 1 cc of a combination of Fentanyl 0.025mg and 10mg of Triamcinolone Acetate was injected.. The patient moved from the table to the recovery area.

**Complications:** None

**Follow-Up:** The patient will return in one week for follow up and evaluation.

M.D.

Daniel L. Bruning, MD



**Summit Imaging**

200 NE Mulberry St Suite 102 Lee's Summit, MO 64086

816-246-5777 Fax 816-525-2028