



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: Cervical Diagnostic Medial Branch Blocks C3, C4, C5, C6, Right Side, under Fluoroscopic Guidance
Diagnosis: 723.8 OTHER SYMPTOMS AFFECTING CERVICAL REGION-CERVICAL FACET SYNDROME
723.1 CERVICALGIA

Indications: Right Axial neck and Shoulder pain with failure of conservative therapy

Infomed Consent: The procedure was described in detail to the patient utilizing the spine model. The expected outcomes were explained to the patient including the risks inherent in the procedure including but not limited to infection, bleeding, nerve damage resulting in weakness or numbness, damage to adjacent organs, increase in pain or no decrease in pain. The patient willingly agreed to the procedure as planned.

Anesthesia: Buffered 1% Lidocaine was utilized for skin and subcutaneous infiltration

Position: Prone Position

Skin Prep: Betadine

Description of Procedure: The patient was taken to the fluoroscopy suite and placed in the prone position on the radiop table with a cervical pillow elevating the head to allow free breathing in the prone midline position. The neck was prepped with betadine and draped for the procedure. An OEC c-arm fluoroscope was brought into position over the cervical spine. Scout lateral views were utilized for orientation. Procedure views of straight lateral were then utilized.

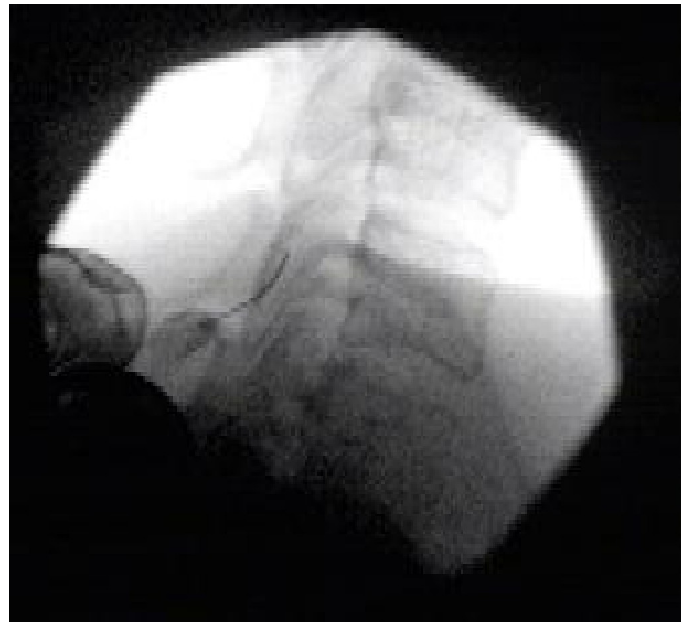
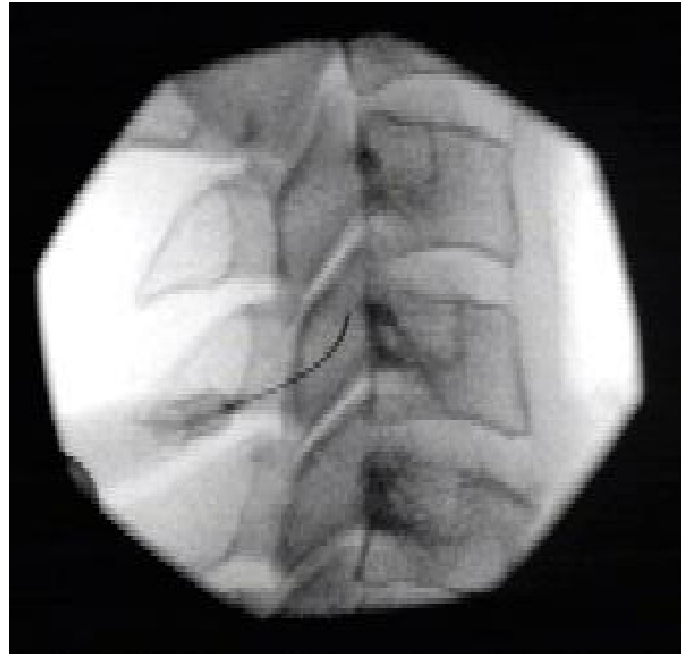
Visualization of the target area of the midportion of the waist of the lateral mass of the cervical vertebrae were utilized corresponding to the course of the medial branch of the posterior primary ramus to the facet joint at each level. A 25 ga 2 1/2" needle was placed to the target area under fluoroscopic guidance. Pulsed mode on the OEC C-arm was utilized to decrease radiation exposure. Once in position, 0.1cc of Marcaine 0.5% was injected. The needle was then removed and the next level was injected in the same manner. The patient then moved under their own power to the gurney and was taken to the Pain Management Center for recovery. They will be discharged when stable.

Complications: None

Follow-Up: We will contact the patient by telephone to determine whether they experience significant pain relief from anesthetizing the medial branches to the posterior primary rami to the facet joints. If they do, they will be scheduled for radiofrequency neuroablation of the nerves under fluoroscopic guidance.

M.D.

Daniel L. Bruning, MD



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