



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: Lumbar Diagnostic Medial Branch Blocks to the Facet Joints under Fluoroscopic Guidance, L2, L3, L4, L5, Bilaterally , under Fluoroscopic Guidance

Diagnosis: 724.8 LUMBAR FACET SYNDROME

Indications: Axial back pain with failure of conservative therapy including lumbar epidural series.

Informed 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 pillow under the abdomen thus flattening the normal lumbar lordosis. The lower back was prepped with betadine and draped for the procedure. An OEC c-arm fluoroscope was brought into position over the lumbar spine. Scout AP views were utilized for orientation. Procedure views of approximately 15-25° oblique with a slight caudal tilt were then utilized.

Visualization of the target area of the supero-medial aspect of the transverse process corresponding to the course of the medial branch of the posterior primary ramus to the facet joint at each level was made. Through 1% Lidocaine skin infiltration, a 25 ga. 3 1/2" needle with a slight curve to the tip was placed to the target area under fluoroscopic guidance. Pulsed mode was utilized to decrease radiation exposure. Once in position, 0.2cc of Marcaine 0.5% was injected. The needle was then removed and the next level was injected in the same manner. The patient then walked to the recovery area.

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

