

A 2nd incision was then made approximately 2 cm caudal and posterior to the first, parallel to the 1st pin. Position on lateral view was again observed, as well as the position on inlet and Ferguson views. This pin was positioned approximately 1.5 cm below the 1st so as to advance just below the S1 foramen on the Ferguson view. It was then advanced for approximately 45 mm. Stimulation at this point showed no response at 20 mA level. A 45 mm length x 8 mm diameter Asnis titanium screw was then advanced over the 2nd lower guidepin. Repeat stimulation showed no response with the screw in place at the 20 mA level. This completed the fixation of the right SI joint.

The same procedure was then repeated on the left side. On the left side, 45 mm length x 8 mm diameter titanium screws were used on each of the 2 screws on the left side. There was no response on neuromuscular stimulation to the guidepin at 20 mA level for either screw on the left, and there was no response at 20 mA level stimulation with the screw implanted and placed at each screw site. This completed the insertion of the SI joint screw fixation on the left side.

Both wounds on both sides were then irrigated with 0.25% Marcaine with epinephrine, and then the other half of the 10 mL on each side was injected around the small stab wounds. Wounds were then closed with 4-0 Monocryl subcuticular suture. Steri-Strips using benzoin were placed. Sterile dressing was placed. The patient was then returned to PACU in stable condition. No complications. Estimated blood loss was 10 mL. Sponge and needle counts were correct. There were no complications.

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DAVID WEISS, M.D.

Job #: [REDACTED]  
DD: 01/17/2013 09:33 AM  
DT: 01/17/2013 10:21 AM  
DW/rlh

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