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Reason For Visit

Reason For Visit: Kim comes in today for SI joint injection on the left side under fluorscopy. She localizes her pain over the lower buttock area. She has not had previous injection for diagnostic or therapuetic purpose.

Procedure

Pre-Operative Diagnosis: backache and Sacral pain.
Post-Operative Diagnosis: Same as pre-operative diagnosis.
Procedure: Sacroiliac Joint Injection, omnipaque dye 0.5ml and Fluoroscopy for needle guidance, but no IV conscious sedation.
Complications:. None.
Interim Pain History: Injection of 0.5 ml 40mg/1ml depo medrol, 1.5ml lidocaine and 0.5ml 0.25 marcaine. with 3.5 inch 22 gauge spinal needle.

Description of Procedure:

Consent:
Informed consent obtained prior to the procedure. The patient was given the opportunity to ask questions regarding the procedure and its associated risks. The patient was informed that with any injection procedure there is a risk of bleeding. The patient was informed of the potential for nerve root injury, which can lead to permanent pain and/or weakness, and laceration of the spinal dura, which can lead to prolonged spinal headaches. The patient was aware that infections can occur after injection procedures. If an infection does occur it may require hospitalization and potentially surgery, and could lead to epidural abscess with paralysis or even death. The patient understands that some patients will have a severe flare-up in their pain for 1 – 2 weeks after an injection procedure. In some individuals this increase in pain can last longer, or in rare cases even be permanent. Additionally, the patient understands that we may be injecting a variety of substances into the spine for diagnostic and therapeutic purposes. These substances include, but are not limited to, local anesthetics, corticosteroids and contrast agents. Although unusual, adverse reactions to these medications can occur, including allergic reactions and temporary seizures. If corticosteroids are used there is a risk of increased blood sugar (hyperglycemia) and aseptic necrosis of the hip. In addition to other risks, the patient was informed of the risks of conscious sedation, which include allergic reactions to medications, as well as the potential for over sedation with loss of protective reflexes, potential breathing problems, lack of blood flow to the brain or other vital organs such as the heart, which creates the risk for a major complication such as stroke, heart attack or potentially even death.
Monitors:
IV not placed by nursing staff for IV sedation. Patient brought to procedure room and placed self prone on the fluoroscopy table. Prior to and during the procedure, the patient was monitored with pulse oximetry, EKG, and blood pressure cuff No supplemental oxygen administered. The patient tolerated the procedure very well and oxygenation, blood pressure and pulse rate were maintained within normal limits during the procedure. The patient was awake and alert and able to respond to all questions appropriately throughout the entire procedure. Time Out performed. NPO, ride home and allergy status ascertained. Was prepped with Betadine x 3 and draped in sterile fashion. Strict aseptic technique was maintained throughout the entire procedure.