

OPERATIVE REPORT

NAME: Joseph Krieger
DATE: Thursday, October 20, 2016
CHART NUMBER: 7E0A0C0E102E
SURGEON: Dr Smith
1st ASSISTANT: William Johnson PA
REFERRING PHYSICIAN: Dr Nelson
ANESTHESIA: Versaid lolipop
PREOPERATIVE DIAGNOSIS: 1. Disc protrusions
2. Discogenic pain
3. Pain
POSOPERATIVE DIAGNOSIS: 1. Disc protrusions
2. Discogenic pain
3. Pain
PROCEDURE:
MEDICAL DEVICES:
ICD. 9 codes: 1. 724.8 - Facet Joint Syndrome-Lumbar/thoracic
2. 337.22 - Complex Regional Pain Syndrome Left
3. 355.0 - Piriformis syndrome
CPT codes: 1. 62290 - Discogram Lumbar Spine
2. 99141 - Conscious Sedation by Physician Performing Procedure
3. 62311 - Injections: Lumbar, single
4. 76005-26 - Fluoro guidance- spine
5. 76005-26 - Fluoroscopic Guidance Professional

PROCEDURE IN DETAIL: An informed consent was obtained. An IV was started. The patient was taken to the procedure room, and was placed in the prone position. Monitors were applied. Sedation was administered (a total of 1cc of Fentanyl and 1mg of Versed was administered during the case by the registered nurse, who also assisted me in monitoring the patient's response to these medications throughout the case). The low back was prepped and draped in the usual sterile fashion. Then 1.5% lidocaine was infiltrated intradermally and deeper just to the left of midline at the L1-L2 interspace as identified by fluoroscopy. An 18-gauge needle was used to nick the skin, and an 18-gauge Tuohy needle was inserted through the skin nick and advanced slowly under fluoroscopic guidance until the tip of the needle contacted the upper edge of the L1. The needle was "walked" in a superior direction off of the upper edge of the L1 using fluoroscopic guidance, and it was advanced to the epidural space using the loss-of-resistance technique. After negative aspiration, a small amount of Omnipaque 240 was injected. Appropriate spread was observed within the epidural space L1. There was no apparent intrathecal spread nor vascular uptake of contrast material. After negative aspiration, 3cc of 0.125% Marcaine with 40mg of Depo-Medrol was injected slowly and incrementally. The needle was withdrawn after flushing. A Band-Aid was applied. There were no complications. The patient was taken to the recovery room awake, alert, and in stable condition.

STILL IMAGE APPENDIX



Salahadin Abdi administers a spine injection to Image 5 pain.

