

PREOPERATIVE DIAGNOSIS:, T11 compression fracture with intractable pain.,POSTOPERATIVE DIAGNOSIS:, T11 compression fracture with intractable pain.,OPERATION PERFORMED:, Unilateral transpedicular T11 vertebroplasty.,ANESTHESIA:, Local with IV sedation.,COMPLICATIONS:, None.,SUMMARY: , The patient in the operating room in the prone position with the back prepped and draped in the sterile fashion. The patient was given sedation and monitored. Using AP and lateral fluoroscopic projections the T11 compression fracture was identified. Starting from the left side local anesthetic was used for skin wheal just lateral superior to the 10 o'clock position of the lateral aspect of the T11 pedicle on the left. The 13-gauge needle and trocar were then taken and placed to 10 o'clock position on the pedicle. At this point using AP and lateral fluoroscopic views, the needle and trocar were advanced into the vertebral body using the fluoroscopic images and making sure that the needle was lateral to the medial wall of the pedicle of the pedicle at all times. Once the vertebral body was entered then using lateral fluoroscopic views, the needle was advanced to the junction of the anterior one third and posterior two thirds of the body. At this point polymethylmethacrylate was mixed for 60 seconds. Once the consistency had hardened and the \_\_\_\_\_ was gone, incremental dose of the cement were injected into the vertebral body. It was immediately seen that the cement was going cephalad into the vertebral body and was exiting through the crack in the vertebra. A total 1.2 cc of cement was

injected. On lateral view, the cement crushed to the right side as well. There was some dye infiltration into the disk space. There was no dye taken whatsoever into the posterior aspect of the epidural space or intrathecal canal.,At this point, as the needle was slowly withdrawn under lateral fluoroscopic images, visualization was maintained to ensure that none of the cement was withdrawn posteriorly into the epidural space. Once the needle was withdrawn safely pressure was held over the site for three minutes. There were no complications. The patient was taken back to the recovery area in stable condition and kept flat for one hour. Should be followed up the next morning.