

PREOPERATIVE DIAGNOSIS:, Cervical
spondylosis.,POSTOPERATIVE DIAGNOSIS:, Cervical
spondylosis.,OPERATION PERFORMED:, Cervical Medial
Branch Blocks under fluoroscopic control.,ANESTHESIA:,
Local and IV.,COMPLICATIONS:, None.,DESCRIPTION OF
PROCEDURE:, After proper consent was obtained, the
patient was taken to the fluoroscopy suite and place on a
fluoroscopy table in a prone position with a chest roll in place.
The neck was placed in a flexed position. The patient was
monitored with blood pressure cuff, EKG, and pulse oximetry
and given oxygen via nasal cannula. The patient was lightly
sedated. The skin was prepped and draped in a sterile
classical fashion.,Under fluoroscopy control, the waists of the
articular pillars were identified and marked. Local anesthesia
infiltrated subcutaneously and deep extending down toward
these previously marked points. Once the anesthesia was
established, a 10-cm, 22-gauge needle was placed in contact
with the waists of the articular pillars at the affected levels that
were previously mentioned. This was done under direct
fluoroscopic control with PA views initially for orientation
utilizing a gun barrel technique and then a lateral view to
determine the depth of the needle. The needle tip was
positioned such that the tip was at the posterior aspect of the
articular pillar's waist and was then incrementally advanced
until the tip was at the center of the pedicle, where the medial
branch lies. For C3 to C6, the medial branch is along the
ventral aspect of a line that connects the greatest
antero-posterior diameter of the articular pillar but remains

dorsal to the foramen as seen on lateral imaging. For a C7 medial branch block, the needle tip is positioned more superiorly such that it overlies the superior articular process. For a C8 medial branch block, the needle is placed at the junction of the superior articulating facet and the base of the transverse process of T1. Once the needles were in place, each level was then injected with 1cc of a 10 cc solution of Marcaine 0.5% mixed with 50mg of methyl prednisolone acetate. The patient tolerated the procedure well without any difficulties or complications.