

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.