PREOPERATIVE DIAGNOSIS:, Complex Regional Pain Syndrome Type I.,POSTOPERATIVE DIAGNOSIS: , Same.,PROCEDURE:,1. Stellate ganglion RFTC (radiofrequency thermocoagulation) left side.,2. Interpretation of Radiograph.,ANESTHESIA: ,IV Sedation with Versed and Fentanyl.,ESTIMATED BLOOD LOSS:, None.,COMPLICATIONS:, None.,INDICATIONS: , Patient with reflex sympathetic dystrophy, left side. Positive for allodynia, pain, mottled appearance, skin changes upper extremities as well as swelling.,SUMMARY OF PROCEDURE: , Patient is admitted to the Operating Room. Monitors placed, including EKG, Pulse oximeter, and BP cuff. Patient had a pillow placed under the shoulder blades. The head and neck was allowed to fall back into hyperextension. The neck region was prepped and draped in sterile fashion with Betadine and alcohol. Four sterile towels were placed. The cricothyroid membrane was palpated, then going one finger's breadth lateral from the cricothyroid membrane and one finger's breadth inferior, the carotid pulse was palpated and the sheath was retracted laterally. A 22 gauge SMK 5-mm bare tipped needle was then introduced in between the cricothyroid membrane and the carotid sheath and directed inferiomedially. The needle is advanced prudently through the tissues, avoiding the carotid artery laterally. The tip of the needle is perceived to intersect with the vertebral body of Cervical #7 and this was visualized by fluoroscopy. Aspiration was cautiously performed after the needle was retracted approximately 1 mm and held steady with left hand. No

venous or arterial blood return is noted. No cerebral spinal fluid is noted. Positive sensory stimulation was elicited using the Radionics unit at 50 Hz from 0-0.1 volts and negative motor stimulation was elicited from 1-10 volts at 2 Hz. After negative aspiration through the 22 gauge SMK 5mm bare tipped needle is absolutely confirmed, 5 cc of solution (solution consisting of 5 cc of 0.5% Marcaine, 1 cc of triamcinolone) was then injected into the stellate ganglion region. This was done with intermittent aspiration vigilantly verifying negative aspiration. The stylet was then promptly replaced and neurolysis (nerve decompression) was then carried out for 60 seconds at 80 degrees centigrade. This exact same procedure using the exact same protocol was repeated one more time to complete the two lesions of the stellate ganglion. The patient was immediately placed in the sitting position to reduce any side effect from the stellate ganglion block associated with cephalad spread of the solution. Pressure was placed over the puncture site for approximately five minutes to eliminate any hemorrhage from blood vessels that may have been punctured and a Band-Aid was placed over the puncture site. Patient was monitored for an additional ten to fifteen minutes and was noted to have tolerated the procedure well without any adverse sequelae. Significant temperature elevation was noted on the affected side verifying neurolysis of the ganglion. ,Interpretation of radiograph reveals placement of the 22-gauge SMK 5-mm bare tipped needle in the region of the stellate ganglion on the affected side. Four lesions were carried out.