

PREOPERATIVE DIAGNOSIS: , Low Back Syndrome - Low Back Pain.,POSTOPERATIVE DIAGNOSIS: , Same.,PROCEDURE:,1. Bilateral facet Arthrogram at L34, L45, L5S1.,2. Bilateral facet injections at L34, L45, L5S1.,3. Interpretation of radiograph.,ANESTHESIA: ,IV sedation with Versed and Fentanyl.,ESTIMATED BLOOD LOSS: , None.,COMPLICATIONS: ,None.,INDICATION: , Pain in the lumbar spine secondary to facet arthrosis that was demonstrated by physical examination and verified with x-ray studies and imaging scans.,SUMMARY OF PROCEDURE: , The patient was admitted to the OR, consent was obtained and signed. The patient was taken to the Operating room and was placed in the prone position. Monitors were placed, including EKG, pulse oximeter and blood pressure monitoring. Prior to sedation vitals signs were obtained and were continuously monitored throughout the procedure for amount of pain or changes in pain, EKG, respiration and heart rate and at intervals of three minutes for blood pressure. After adequate IV sedation with Versed and Fentanyl the procedure was begun.,The lumbar sacral regions were prepped and draped in sterile fashion with Betadine prep and four sterile towels.,The facets in the lumbar regions were visualized with Fluoroscopy using an anterior posterior view. A skin wheal was placed with 1% Lidocaine at the L34 facet region on the left. Under fluoroscopic guidance a 22 gauge spinal needle was then placed into the L34 facet on the left side. This was performed using the oblique view under fluoroscopy to enable the view of the ""Scotty Dog,"" After obtaining the

""Scotty Dog"" view the joints were easily seen. Negative aspiration was carefully performed to verify that there was no venous, arterial or cerebral spinal fluid flow. After negative aspiration was verified, 1/8th of a cc of Omnipaque 240 dye was then injected. Negative aspiration was again performed and 1/2 cc of solution (Solution consisting of 9 cc of 0.5% Marcaine with 1 cc of Triamcinolone) was then injected into the joint. The needle was then withdrawn out of the joint and 1.5 cc of this same solution was injected around the joint. The 22-gauge needle was then removed. Pressure was placed over the puncture site for approximately one minute. This exact same procedure was then repeated along the left-sided facets at L45, and L5S1. This exact same procedure was then repeated on the right side. At each level, vigilance was carried out during the aspiration of the needle to verify negative flow of blood or cerebral spinal fluid. The patient was noted to have tolerated the procedure well without any complications. Interpretation of the radiograph revealed placement of the 22-gauge spinal needles into the left-sided and right-sided facet joints at, L34, L45, and L5S1. Visualizing the ""Scotty Dog"" technique under fluoroscopy facilitated this. Dye spread into each joint space is visualized. No venous or arterial run-off is noted. No epidural run-off is noted. The joints were noted to have chronic inflammatory changes noted characteristic of facet arthrosis.