CERVICAL SELECTIVE NERVE ROOT BLOCK,PREPROCEDURE PREPARATION:, After being explained the risks and benefits of the procedure, the patient signed the standard informed consent form. The patient was placed in the prone position and standard ASA monitors applied. Intravenous access was established and IV sedation was used. For further details of IV sedation and infusion, please refer to anesthesia notes. The patient was able to respond appropriately throughout the procedure. * Fluoroscopy was used to identify the appropriate anatomy. The skin was prepped and draped in a sterile fashion and sterile technique was maintained throughout the procedure.,PROCEDURE DETAILS:, The patient was laid supine. Oblique placement was achieved by placing pillow below the shoulder and turning the head. The C# neural foramina was identified by counting down from the C2-3 foramen. The external carotid artery was marked off by palpation. The neck was aseptically prepared. 1% lidocaine was used for local infiltration and subsequently a 25-gauge spinal needle was passed down to the C# neural foramen under fluoroscopic control. The posterior inferior edge of the foramen bone was contacted. The needle was then redirected and slowly walked off the bone into the foramen by a few millimeters. Care was taken to remain in the posterior inferior edge of the foramen. Positioning was checked by AP view, in which the needle tip extended no further medially than the midpoint of the adjacent pedicle. 1 mL of contrast was used to confirm position under fluoroscopy after aspiration.

Acceptable dye pattern was seen. Subsequent 1 mL of 1% lidocaine was injected after aspiration and the patient was monitored. No adverse affects with 1% lidocaine were noted and subsequently 1 mL of Celestone was injected. Compression bandage was applied to the neck and no complications were noted.,POSTPROCEDURE EVALUATION:, After a 30-minute recovery period, during which no complications were noted, the patient was discharged home. Pulse oximetry was carried out on room air in recovery and all oxygen saturations were above 95% with no respiratory distress observed.