

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.