

**Ketan D. Vora, D.O., P.C.**

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**PROCEDURE REPORT**

**Name:** Reyes Merino

**Date:** 07/01/2022

**Location:** Cruz Banting Imelda MD PT, North Bronx

**DOB:** 3/8/1967

**PREOPERATIVE DIAGNOSIS:** Right shoulder impingement syndrome

**POSTOPERATIVE DIAGNOSIS:** Right shoulder impingement syndrome

**INJECTION PROCEDURE:** Right shoulder intra-articular steroid injection with Ultrasound Guidance.

**DESCRIPTION OF PROCEDURE:** The patient was identified and was found to be stable. Because the patient reports that the pain still continues, with positive physical findings and positive MRI findings, the indication for the procedure persists.

The patient was put in the appropriate position. Ethyl chloride was sprayed over the region to be injected to allow for a numbing effect. A 22 gauge 1 ½ inch needle was used to draw up the combination of medication. The injection field was prepped and draped with Betadine three times. The 22 gauge needle was replaced with a smaller 27 gauge spinal needle, 1.25 inches needle for better patient comfort, and less pain.

The posterior interspace between the acromion and the superior aspect of the humeral head was identified clinically and verified via ultrasound technique. Ultrasound was used to guide the needle into the subacromial bursa and negative aspiration of blood was confirmed. Subsequently a subacromial injection into the shoulder was performed under sterile procedure. The patient tolerated the procedure well and was discharged without complications.

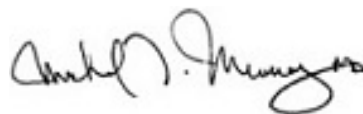
At this time the following mixture of medication was injected in the joint.

6\_cc of 1% lidocaine      1\_cc of 40mg/cc of depomedrol

This should stand for the letter of medical necessity for the requested procedure.



Rehan Khan, FNP-BC  
RK/AEI



Michael Murray, MD