**PROCEDURE Note: Cervical trigger point injections under ultrasound guidance**

**Name:** **Mamerto Ablola Date:** **09/09/2019**

**Location:** **Edison, NJ Office DOB:**  **12/19/1952**

Diagnosis: Myofascial pain syndrome M79.1, Myofascial trigger point M79.1, Muscle Spasms

Trigger point injection of the \_\_c3-4 \_\_c4-5 \_\_c5-6 \_\_c6-7 \_\_c7-T1 paraspinal muscle(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_**B/L**\_ | trapezius muscles | \_**B/L**\_ | posterior scalene | \_\_ | sternocledomastoid |
| \_\_ | semispinalis cervicis | \_\_ | semispinalis capitis | \_\_ | cervical portion of trapezius |
| \_**B/L**\_ | levator scapulae | \_\_ | splenius cervicis | \_\_ | splenius capitis |

Technique: After obtaining informed consent, the patients muscle(s) were palpated for the painful area of complaint.

An exquisitely painful area of the above muscles was detected. Palpation over this taut band of muscle caused a twitch response and a referred pain pattern. At this time, the area was marked and sprayed with topical ethyl chloride. The medication combination below was drawn using a 22 gauge 1 ½ inch needle. The skin was prepped and a 27 gauge 1 1/4inch needle replaced the 22 gauge needle, which was then introduced through the skin and subcutaneous tissues down into the taut band of muscle. After aspiration to make sure that the needle was not inside a vessel, a mixture of the following medication was injected in the above trigger point regions.

**\_6\_cc of 1% lidocaine \_1\_cc of 40mg/cc of Kenalog**

The mixture was injected after **aspiration was negative for blood or air.** The ultrasound machine was also used to visualize the medication going past the adipose tissue and into the muscles to avoid any vulnerable areas such as arteries, veins and nerves. The patient tolerated the procedure well with no adverse events. This medication was evenly distributed between the above muscles.



Gurbir Johal, M.D.