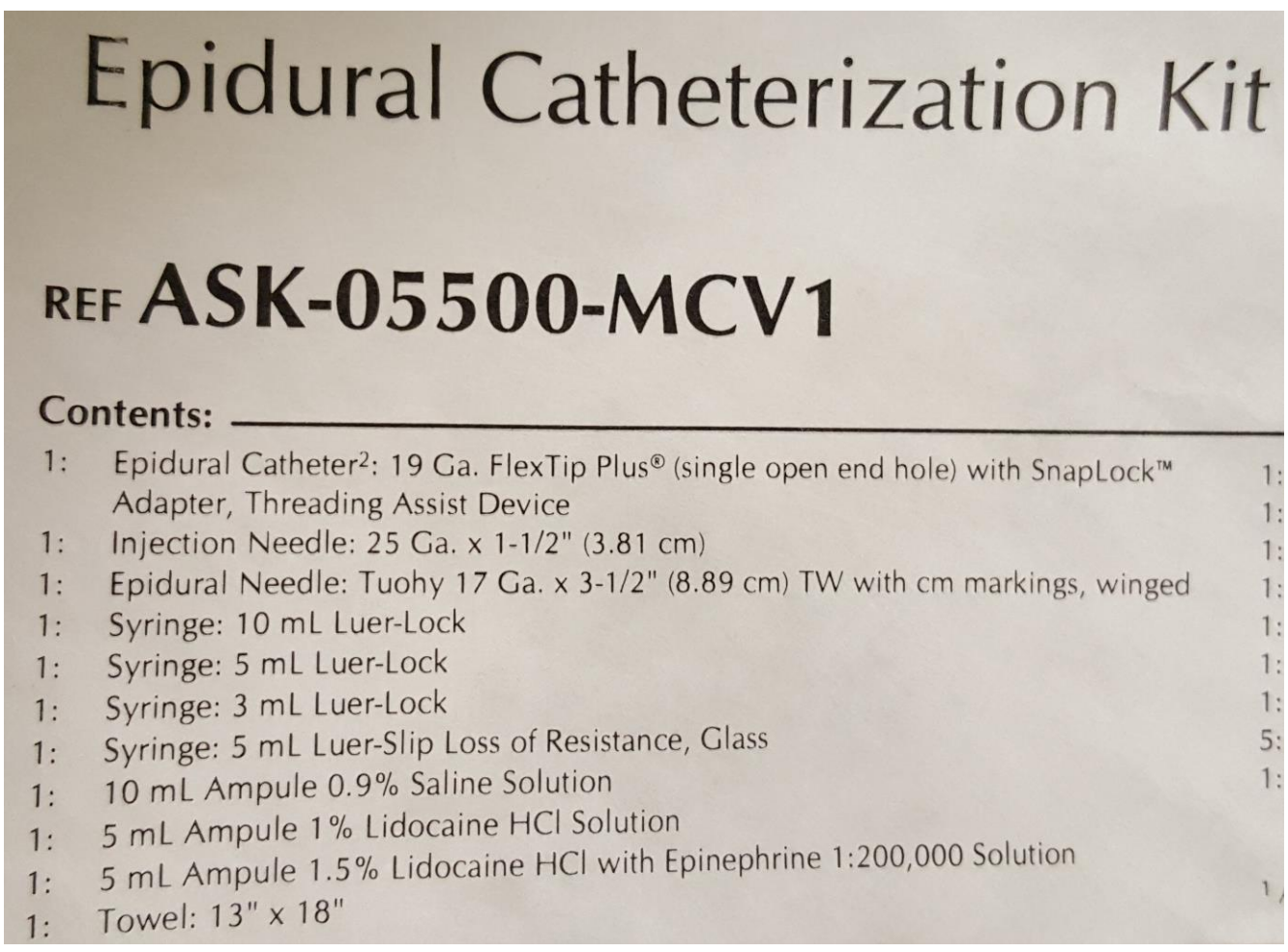
Spinal Pain Procedures (techniques)

Last updated: September 5, 2017

LUMBAR STEROID INJECTIONS

EPIDURAL

- level of injection – above pathology (e.g. L2-3 stenosis with severe arthropathy and patient is poor surgical candidate → inject at L1-2)
- outpatient procedure with **fluoroscopy** and **Epidural Catheterization Kit**
- prone on flat radiolucent table.
- 2 cc of KENALOG or DEPOMEDROL (80 mg) + 2 cc of saline.
  - Dr. Trainer uses no local, so effect starts in 2 days.
  - Dr. Graham mixes with 1 mL of 1% preservative free LIDOCAINE.
- prep, drape
- put radiopaque marker on skin and do fluoro to select entry point
- inject local into to skin and deeper (1.5% lidocaine + 1:200,000 epinephrine to entire track).
- AP fluoro with Tuohy needle - aim needle tip (bevel towards head) just onto lover edge of the lamina. Insert Tuohy almost vertical under AP fluoro. Once on lamina, verify with fluoro needle position. Switch to 50-55 degree opposite oblique fluoro - shows lamina profile very well - take stylet out and continue advancing Tuohy needle under lamina with glass syringe with saline attached. When lost resistance when tapping glass syringe, Dr. Trainer injects a 1 cc of Omnipaque for epidurogram confirmation. Then inject steroid.
- Bandaid. To wheelchair and home immediately.



Epidural Catheterization Kit

REF ASK-05500-MCV1

Contents:

1:	Epidural Catheter[2]: 19 Ga. FlexTip Plus® (single open end hole) with SnapLock™ Adapter, Threading Assist Device	1:
1:	Injection Needle: 25 Ga. x 1-1/2" (3.81 cm)	1:
1:	Epidural Needle: Tuohy 17 Ga. x 3-1/2" (8.89 cm) TW with cm markings, winged	1:
1:	Syringe: 10 mL Luer-Lock	1:
1:	Syringe: 5 mL Luer-Lock	1:
1:	Syringe: 3 mL Luer-Lock	1:
1:	Syringe: 5 mL Luer-Slip Loss of Resistance, Glass	5:
1:	10 mL Ampule 0.9% Saline Solution	1:
1:	5 mL Ampule 1% Lidocaine HCl Solution	
1:	5 mL Ampule 1.5% Lidocaine HCl with Epinephrine 1:200,000 Solution	1
1:	Towel: 13" x 18"	

TRANSFORAMINAL

Per Dr. Trainer:

- use spinal needle and bend distal end of it for easier steerability (so no need to pull needle back to readjust).
- start 8-10 cm off midline
- at AP fluoro, direct needle at the lateral edge of pars (towards the lower aspect of foramen); when hitting pars bone, switch to lateral fluoro - advance needle just below pars (i.e. to foramen level).
- inject steroid with local (patient may experience some muscle weakness served by that spinal nerve for several hours).