Spinal Pain Procedures (techniques)

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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.
- inject local into skin and deeper (1.5% lidocaine + 1:200,000 epinephrine to entire track).
- 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 skin and deeper (1.5% lidocaine + 1:200,000 epinephrine to entire track).
- 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).

Viktor's Notes℠ for the Neurosurgery Resident
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