

Patient Label

Greater New Orleans Surgery Center

**Operative Report**

**Physician Name:** Dr Bernard Landry

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pre-Op Diagnosis** \_\_\_\_\_

**Post-Op Diagnosis** \_\_\_\_\_

**Procedure:** Transforaminal Lumbar/Thoracic Epidural Steroid Injection  
Levels \_\_\_\_\_  
 Bilateral     Right     Left

**Complications:** \_\_\_\_\_

**Procedure in Detail:** After the patient consented standard monitoring and nasal cannula was also applied. Intravenous line was placed with Heplock. The patient was positioned in a prone position and with guidance of the C-Arm the pedicle of levels \_\_\_\_\_  
 Bilateral  Right  Left were identified and marked. The skin was prepped with betadine and draped in a sterile manner. IV sedation with Propofol was titrated to effect. The skin was infiltrated with 2% Lidocaine with a #25g needle. A # 22g spinal needle 3 1/2" with pre curved tip was inserted into the six o'clock pedicles of levels \_\_\_\_\_  
 Bilateral  Right  Left and this was checked in lateral view. After Omnipaque 240 was injected and no vascular uptake or CSF opacification the following physiologic solution was injected:

1. \_\_\_\_\_ cc Bupivacaine .25%
2. \_\_\_\_\_ mg Kenalog (40 ml/cc)
3. \_\_\_\_\_ cc Omnipaque 240

The needle was removed slowly and pressure was applied. X-ray pictures were taken and printed. Epidurogram was recorded after injection of the nonionic contrast material showing the outline of the nerves L \_\_\_\_\_  Bilateral  Right  Left with visualization of the epidural space, which was checked in AP and lateral views.

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**Bernard Landry, M. D.**

**cc:** \_\_\_\_\_