OPERATIVE RECORD

Affix Patient Label

Name	
	Date of Birth
	Hospital Number
Date of Operation	
Surgeon	Mr. George Ampat
Operation Tick / Circle as appropriate	
Fa	cet joint injections L3/4 , L4/5, L5/S1 Bilateral / Left / Right
Nerve root block L3, L4, L5, S1 Bilateral / Left / Right	
SI joint injection Bilateral / Left / Right	
Approach Para spinal oblique	
 Procedure 1. With image intensifier, Pedicle, nerve root exit canal, facet joint and SI joints identified. Skin prepared with sterile asepsis. Draped as required. 	
 Skin anaesthetised with 1% Lignocaine mls "Shoot through the barrel" technique used to insert needle (125 mm x 0.9 mm). Position identified both by image intensifier and reproduction of concordant pain. 	
5(Concordant pain.
6n	nls of Radio opaque dye used Radiculogram.
7 mgs of Kenalog and mls of 0.5 % / 1% / 2 % of Marcain / Bupivacaine / Ropivacaine injected in total. Divided equally if injected into multiple sites.	
	dressings to entry point
-	structions for neurological deficit (weakness / loss of sensation) in legs / feet

- Watch for neurological deficit (weakness / loss of sensation) in legs / feet.
- 2. Watch for headache.
- 3. Watch for unanticipated pain.
- 4. Home when safe and comfortable.
- 5. Follow up in 2 weeks / 6 weeks.
- 6. Patient to maintain pain diary for the next 6 weeks. 0/10 is no pain. 10/10 is the worst pain that one can imagine. Every night the patient to score an average of pain that has been present during the day according to this scale. Any unaccustomed activity during that day also to be recorded.