**Intra-articular hip Injection with fluoroscopy**

FACILITY:

PATIENT:

DATE OF BIRTH / MEDICAL RECORD NUMBER:

DATE of PROCEDURE:

ATTENDING:

ASSISTANT:

PREOPERATIVE DIAGNOSIS:

1. Pain in the hip: [LEFT ICD-10 M25.552, RIGHT ICD-10 M25.551]

2. Arthritis (osteoarthritis) of the hip: LEFT ICD-10 M25.752, RIGHT ICD-10 M25.751]

3. Chronic pain syndrome [ICD-10 G89.4]

4. Long term (current) use of opiate analgesic [ICD-10 Z79.891]

POSTOPERATIVE DIAGNOSIS:

1. Pain in the hip: [LEFT ICD-10 M25.552, RIGHT ICD-10 M25.551]

2. Arthritis (osteoarthritis) of the hip: LEFT ICD-10 M25.752, RIGHT ICD-10 M25.751]

3. Chronic pain syndrome [ICD-10 G89.4]

4. Long term (current) use of opiate analgesic [ICD-10 Z79.891]

PROCEDURE:

1. Major joint injection [CPT 20610]

2. Use of fluoroscopy for needle guidance [CPT 77002]

INDICATION:

ANESTHESIA:

TECHNIQUE:

A description of the procedure and its risks, benefits, and alternatives, were provided to the patient and informed consent was obtained prior to procedure commencement. The patient was taken to the operating room and carefully placed in the supine position. The skin overlying the groin at the [right/left] hip was prepped with alcohol and draped in sterile fashion. The C-arm was brought into the field. Under anteroposterior fluoroscopy, the femoral head, acetabulum, and greater trochanter were identified. The skin and subcutaneous tissue overlying the femoral neck was localized using lidocaine 1% with a 25g needle. A 22-gauge spinal needle was advanced through the skin and directed in a shallow fashion towards the upper outer quadrant of the femoral neck. The needle was advanced toward the acetabular rim, slipping the it under the hip joint capsule. Placement of the needle was smooth and caused no paresthesia to the patient. Approximately 1cc of iopamidol contrast agent was delivered under fluoroscopy, which demonstrated an arthrogram of the hip. At this point, 6cc of a solution consisting of 5cc bupivacaine 0.5% with 1cc methylprednisolone 40mg/mL was deposited. The needle was removed with negative aspiration to prevent skin atrophy. Hemostasis was achieved and bandages were applied.

The patient tolerated the procedure well, with no complication, and was taken to the recovery area in stable condition. The patient was observed in the recovery area for an appropriate period of time, discharged to home in stable condition with careful precautions, with follow-up in the office and availability by telephone for advisement if needed.