**PLANTAR FASCIA INJECTION WITH ULTRASOUND**

FACILITY:

PATIENT:

DATE OF BIRTH / MEDICAL RECORD NUMBER:

DATE of PROCEDURE:

ATTENDING:

ASSISTANT:

PREOPERATIVE DIAGNOSIS:

1. Plantar fascial fibromatosis [ICD-10 M72.2]
2. Chronic pain syndrome [ICD-10 G89.4]

POSTOPERATIVE DIAGNOSIS:

1. Plantar fascial fibromatosis [ICD-10 M72.2]
2. Chronic pain syndrome [ICD-10 G89.4]

PROCEDURE:

1. Injection single tendon sheath or ligament, aponeurosis [CPT 20550]
2. Ultrasound guidance for needle placement [CPT 76942]

INDICATION:

ANESTHESIA:

TECHNIQUE:

The patient was identified and all questions were answered. A description of the procedure and its risks, benefits, and alternatives, were provided to the patient. Informed consent was obtained. The patient was taken to the procedure room and carefully placed in the prone position. The

medial aspect of the heel was prepped and draped in sterile fashion. A 6-13MHz high frequency linear array ultrasound probe was used in longitudinal axis to identify the calcaneus and plantar fascia. A 25-gauge hypodermic 1.5-inch needle was used to anesthetize the he skin and subcutaneous tissue at the mid-point of the maximal thickness of the fascia and its corresponding area overlying the medial fat pad of the sole. The same 25-gauge needle was then inserted perpendicular to the skin and parallel to the probe, advanced toward a point just superior to the plantar fascia. When it reached the desired location, a solution consisting of bupivacaine 0.5% 2cc and dexamethasone 10mg/mL 1cc was deposited after negative aspiration. Continuous sonographic visualization of accurate spread was observed. The needle was removed with negative aspiration to prevent skin atrophy. Hemostasis was achieved and a bandage were applied.

The patient tolerated the procedure well, with no complication, and was taken to the recovery area in stable condition. The patient was advised to apply an ice pack and not to bear full weight for two days. 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.