**TROCHANTERIC BURSA Injection with fluoroscopy**

FACILITY:

PATIENT:

DATE OF BIRTH / MEDICAL RECORD NUMBER:

DATE of PROCEDURE:

ATTENDING:

ASSISTANT:

PREOPERATIVE DIAGNOSIS:

1. Trochanteric Bursitis [LEFT ICD-10 M70.62, RIGHT ICD-10 M70.61]

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

POSTOPERATIVE DIAGNOSIS:

1. Trochanteric Bursitis [LEFT ICD-10 M70.62, RIGHT ICD-10 M70.61]

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

PROCEDURE:

1. Major joint injection [CPT 20610]

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

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 operating room and carefully placed in the supine position. The trochanteric bursa was identified with fluoroscopy. The skin overlying the lateral aspect of the hip and thigh was prepped and draped in sterile fashion. The C-arm was brought into the field and the greater trochanter was identified. The skin and subcutaneous tissue overlying the trochanteric bursa was anesthetized using lidocaine 1% with a 25g needle. A 22-gauge spinal needle was advanced starting superiorly from trochanteric bursa with a caudal angulation through the skin. The needle was advanced toward bursa until it was contacted. Placement of the needle was smooth and caused no paresthesia to the patient. Approximately 0.5cc of iopamidol contrast agent was delivered under fluoroscopy, which demonstrated a bursagram. At this point, 10cc of a solution consisting of 9cc 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.