

L5 TRANSFORAMINAL EPIDURAL INJECTION

Procedural information

Date of procedure	November 2015
Location	Philadelphia, PA, USA
Hospital	Thomas Jefferson University Hospital
Physician	William B. Morrison, MD

Case history

Obese 49 year old patient with degenerative disc and facet disease, radicular pain in L5 distribution.

Procedural details

L5-S1 neural foramen targeted. Because of narrow window and long distance to the target, Morrison Steerable Needle™ was used.

The needle was placed using standard oblique approach, avoiding the iliac crest. A slight adjustment superiorly was made initially by curving the needle upward near the foramen.

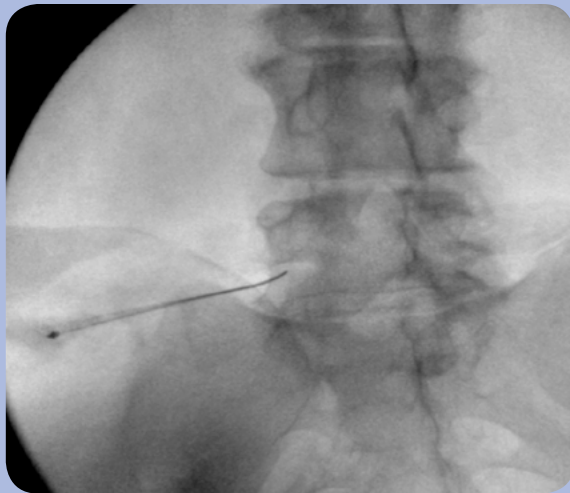
As the foramen was approached the needle was straightened out and advanced to the optimal location.

Results and comments

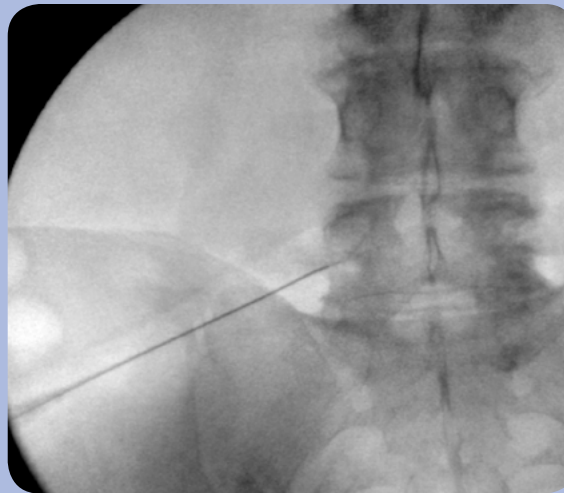
Transforaminal epidural injection via L5-S1 can be challenging due to the narrow window of access.

This can be made even more difficult if the patient is large, requiring a longer needle and more accurate initial placement. Even with perfect initial planning, trajectory can be altered over a distance by fascia and the iliac crest.

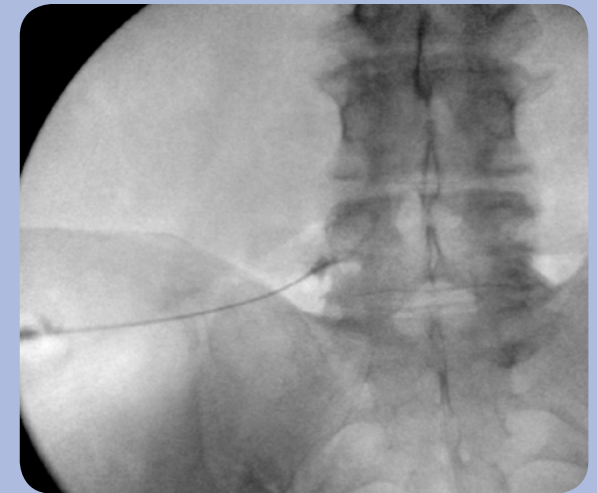
In this case Morrison Steerable Needle™ allowed for a minor adjustment near the target, allowing optimal positioning without need for withdrawal and readjustment.



Morrison Steerable Needle™ is slightly adjusted near the foramen



Morrison Steerable Needle™ is straightened up and advanced to target.



Injection of contrast, opacifying the L5 nerve root.