



SimpliCT® clinical case study: Combined Spinal Pain Procedure

Courtesy of Berne Interventional Radiology

Case history:

This 69-year-old female was referred to the interventional radiology service for right-sided leg claudication as well as lumbar back pain on axial spine stress (standing, bending over). Imaging studies revealed a dorsomedian disk herniation at the level of L4/5 compressing the L5 nerve root in the spinal recess along with an erosive facet joint osteoarthritis on the right side.

Comment:

The use of SimpliCT® in combined or complex spinal interventional pain procedures greatly facilitates precise and adequate needle placement at first-pass within a few seconds and also allows needle repositioning of the needle by realigning the laser guide, oftentimes obviating the need for a second needle or at least needle pass. This advantage may be clinically crucial in uncooperative patients or cases with surgical implants or known coagulopathy.

Acknowledgement:

Courtesy of Markus Hauser, M.D., Berne Interventional Radiology, Switzerland

Procedure details:

After pre-procedure low-dose imaging and alignment a 24G coaxial spinal needle was placed in the dorsal epidural fat pad via an oblique paraspinous approach using SimpliCT® laser guidance. Following peridural corticosteroid injection the needle was withdrawn, SimpliCT® realigned for the right-sided L4/5 facet joint, and the needle advanced into the joint for the subsequent facet joint injection.



Peridural injection



Facet joint injection

All images courtesy of Markus Hauser, M.D., Berne Interventional Radiology, Switzerland