



Musculoskeletal Imaging and Intervention Section Imaging Procedures

Distensive Arthrography of the Shoulder

INDICATIONS

Adhesive capsulitis

PREREQUISITES

- NPO for 6 hours prior to the exam in case medications are given.
- Someone to drive patient home.
- Obtain signed consent.

RISKS

- Infection
- Pain
- Hematoma

MATERIALS

- Have midazolam and fentanyl ready
- IV in opposite arm than the one of interest
- 22G 3½" needle
- 25G 1½" needle
- 5 cc syringe with lidocaine for skin anesthesia
- 20 cc syringe with combination of 1% lidocaine and 0.5% Bupivacaine (10 cc of each)
- Omnipaque 240 or 300 (10 cc)
- DepoMedrol 80 mg
- 25 cc sterile normal saline in a syringe
- Arm sling

TECHNIQUE

1. Start IV, get drugs ready, obtain vitals.
2. Give 1 mg midazolam and 100 micrograms of fentanyl to start.
3. Evaluate ROM of affected shoulder.
4. Routine shoulder arthrogram approach with 22G needle.
5. Inject 5-10 cc of contrast.
6. Inject steroids.
7. Inject 10-15 cc of Bupivacaine and lidocaine mixture and wait about 5 minutes for it to take effect.
8. Inject up to 25 cc of saline rapidly while intermittently monitoring with fluoro until a significant amount of contrast extravasates from the capsule and then stop.
9. Manipulate the shoulder as per orthopedic protocol. Give more IV medications prn.

11. Place the arm in a sling before leaving.

MISCELLANEOUS

- Give prescription for Vicodin tablets (#30) to take q 4-6 hours prn pain. Do not exceed 8 tablets in a 24-hour period.
- Make sure the patient has a physical therapy appointment the same day and at least three times a week for three weeks after the procedure.
- Follow up appointment with referring orthopedist three weeks after the procedure.