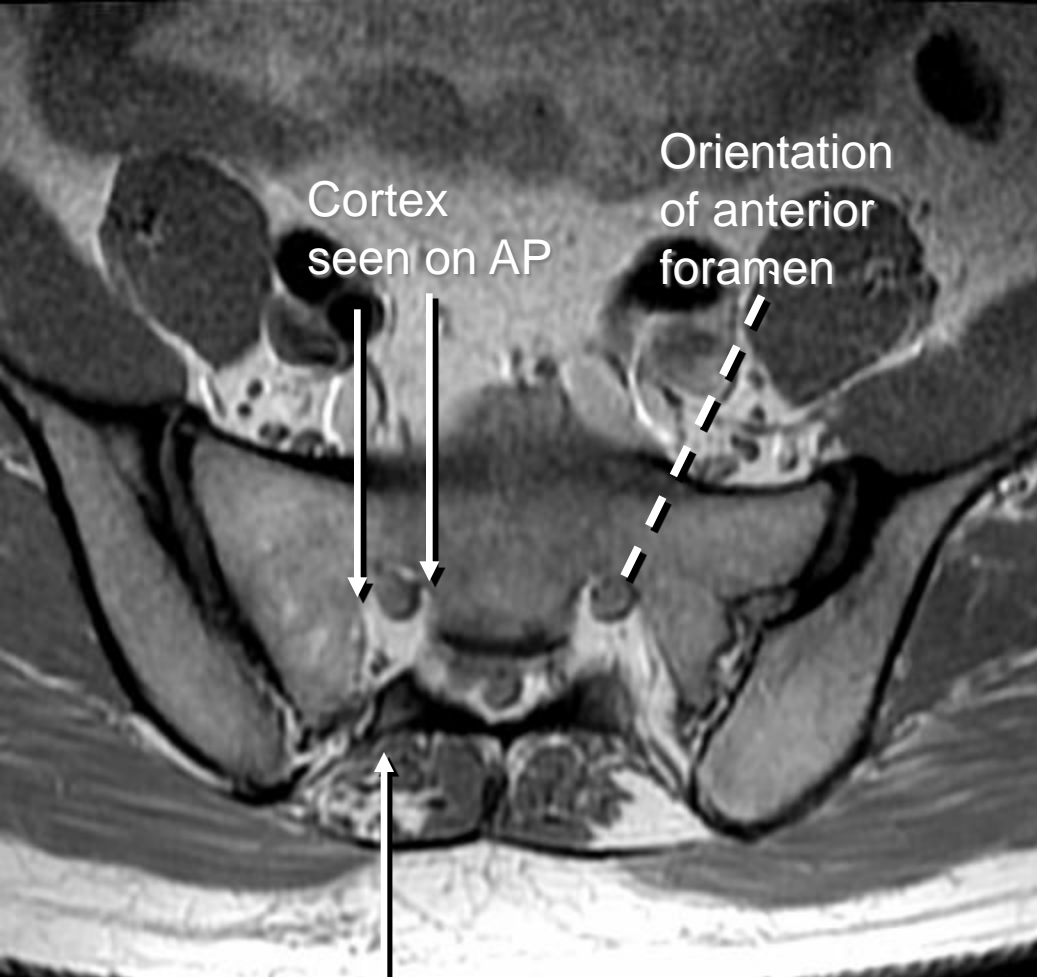


S1 NRB

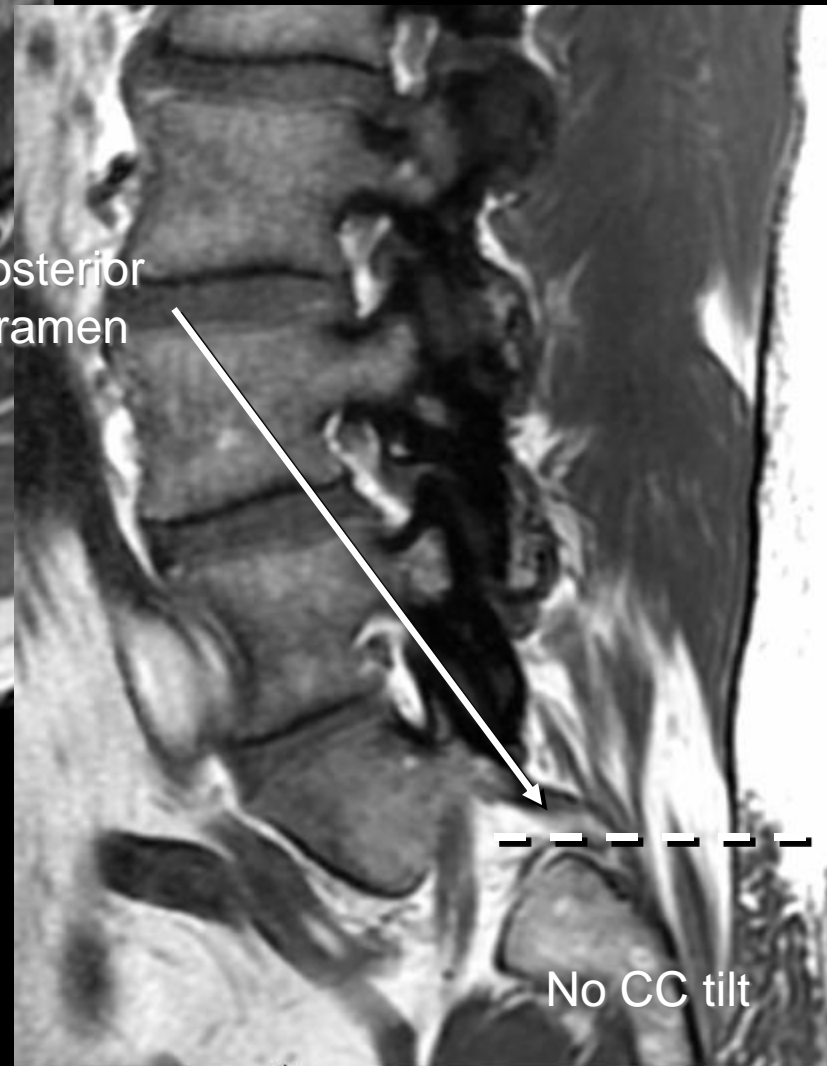
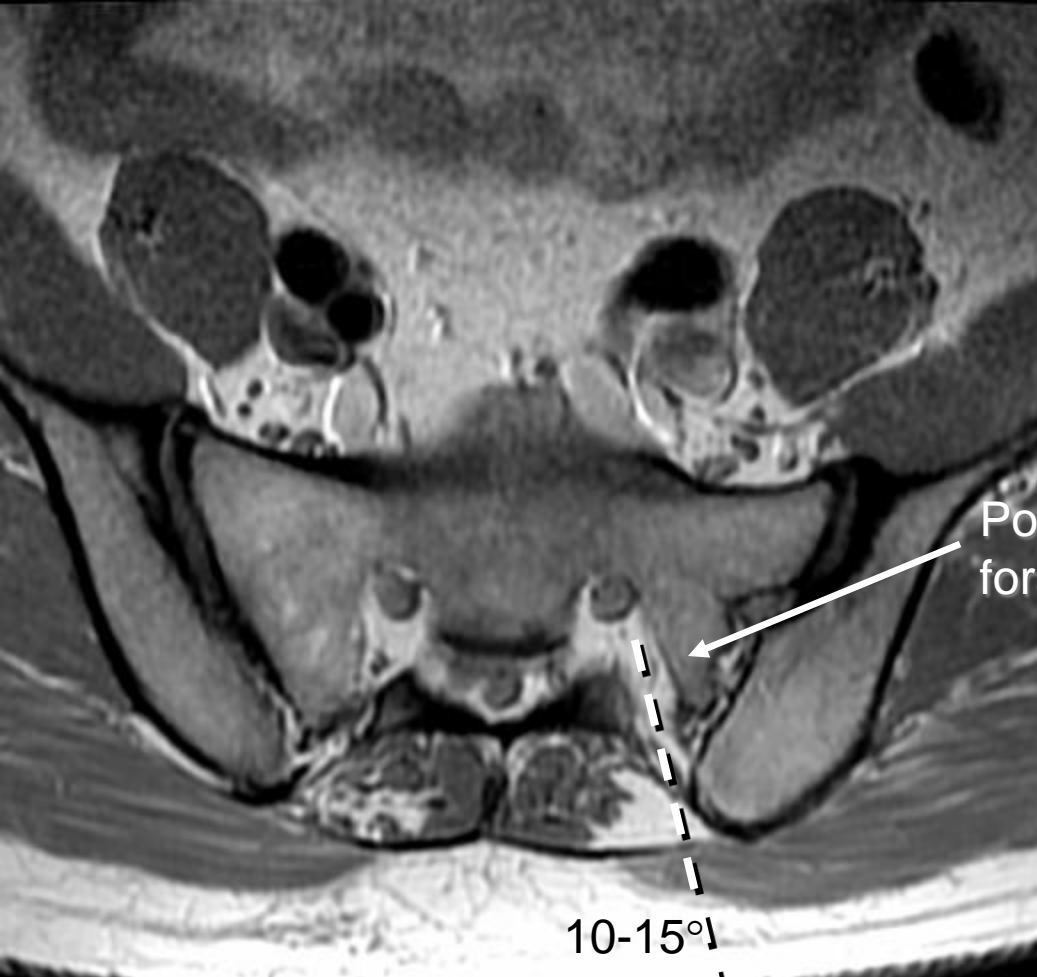
- The posterior S1 neuroforamen exits in the S/I direction perpendicular to the table top (caudal relative to the vertical axis of the sacrum), and 10-15 deg lateral in the transverse plane.
- The anterior S1 neuroforamen is also angled caudal to the vertical axis of the sacrum and, because of the sacral lordosis, is angled quite caudal to the tabletop, and is oriented medially in the transverse plane as it comes back toward the spinal canal (almost perpendicular to the posterior S1 neuroforamen).
- When positioning for a S1 NRB thru the posterior neuroforamen, no cranial caudal tilt is needed. The tube should be angled 10-15 deg lateral to the ipsilateral side of interest. You then see the posterior S1 neuroforamen, and will not see any of the cortex of the walls of the anterior foramen.
- Many patients have a wide posterior S1 opening so you can get in without lateral tilt or while having some CC angulation, but it may be difficult in people with a small posterior foramen.

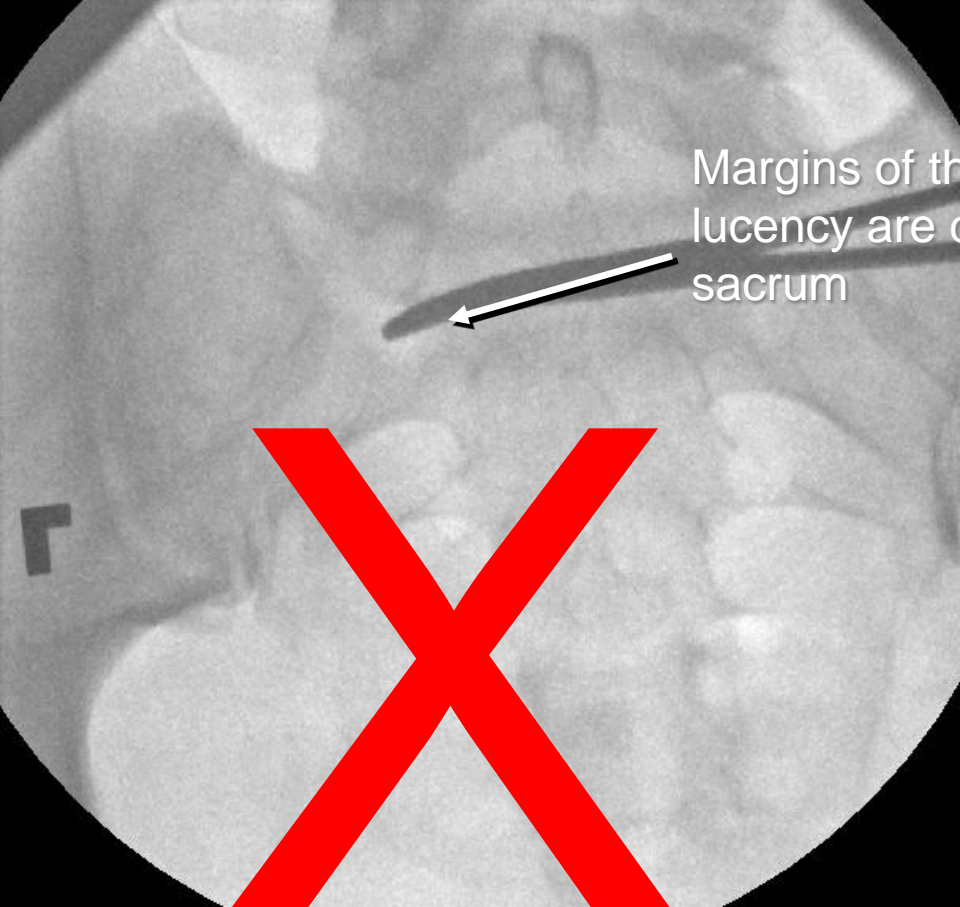


Blocks approach if no
lateral tilt

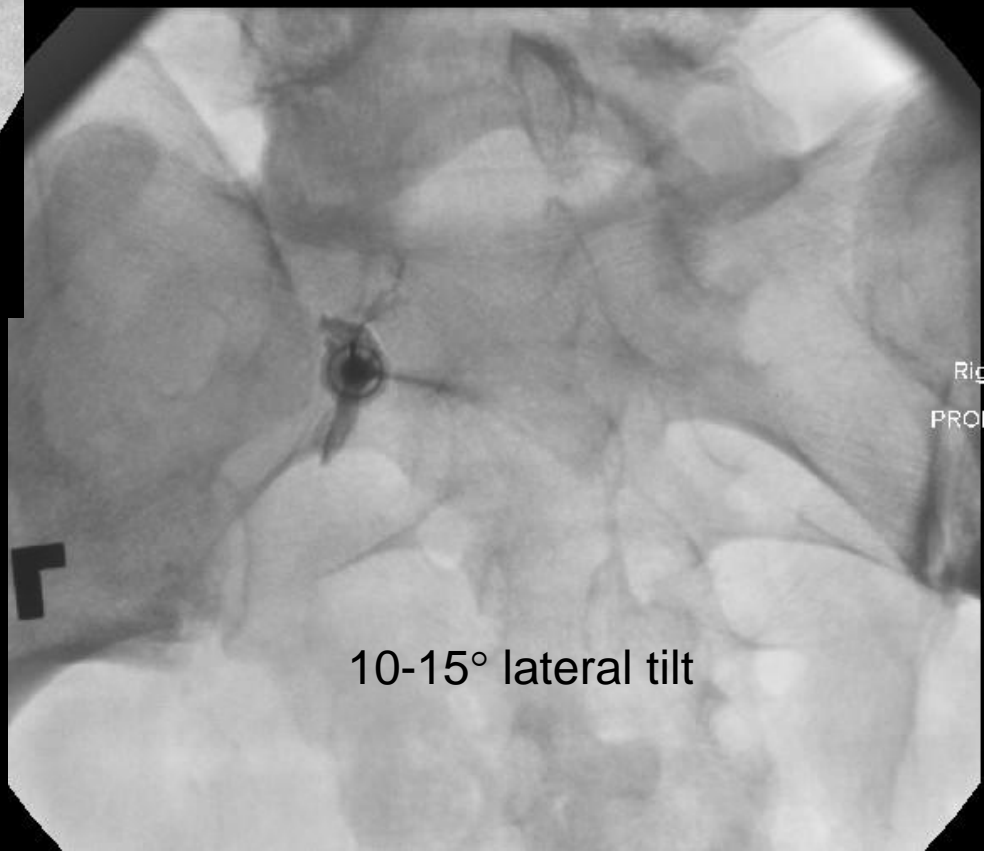


Orientation
of anterior
foramen





Margins of this
lucency are deep in
sacrum



10-15° lateral tilt