

## Basic Starting Points for Spine Injections

- Lumbar TF ESI:
  - Profile the disc in the CC plane
  - Angle out 20-30 degrees until the facet no longer obscures the "safe triangle"
  - Contrast images: AP and lat
  - Treatment image: AP
  - Usually 22G 6" needle
- Lumbar paramedian interlaminar ESI:
  - Roll out 10 degrees from AP
  - Angle CC such that the horseshoe-shaped window between the lamina and the spinous process terminates at the inferior endplate of the vertebra (just above the disc level in question)
  - Contrast images: AP and lat
  - Treatment image: lat (looking for intrathecal contrast)
  - Usually 25G 3.5" needle
- S1 TF ESI:
  - No CC angle
  - Rotate out 15 degrees unless you have imaging showing you that is wrong
  - Contrast images: AP and lat
  - Treatment image: AP
  - Usually 25G 3.5" needle
- Cervical SNRB/TF ESI:
  - No CC angle
  - Roll out 40-45 degrees
  - Bring the needle 2 mm inside the edge of the lateral mass for a SNRB and roughly halfway across the lateral mass for a TF ESI.
  - Contrast images: AP and oblique
  - Treatment image: AP
  - Note: good example of variability in approach—some attendings like a little CC tilt to get under osteophytes and some vary the obliquity based on level (~40 at C4-5, ~50 at 5-6, etc.)
  - 25G needle, whether 2, 2.5, or 3.5"

\*\*\*These are the default starting points, though some people adjust this a little and some patients require creative approaches with non-standard angles.\*\*\*