**Genicular Nerve Diagnostic Block**

**Patient Name:**

**MRN:**

**DOB:**

**Pre-operative Diagnosis:** Genicular neuralgia, neuritis. Knee pain

**Procedure:** (Field #1, “side”) Diagnostic Genicular nerve blocks

1. Superolateral Genicular branch from the vastus lateralis

2. Superomedial Genicular branch from the vastus medialis

3. Inferomedial Genicular branch from the saphenous nerve

4. Terminal branch of the nerve vastus intermedius

**Medication:** 1 ml of 2% Lidocaine at each injection site. Total volume = 4 ml

**Sedation:** (Field #2)

**Complications:** (Field #3)

**Procedure in detail:** After a thorough review of the patient’s pertinent medical and surgical history, risks and benefits of Genicular nerve block were explained to the patient including but not limited to bleeding, infection, medication reaction, failure of the procedure, the need to repeat the procedure, and the remote possibility of increased pain symptoms. Expected results of the procedure were explained and informed consent was obtained.

The patient was brought into the procedure room and positioned into the supine position. Skin was prepped with a chloroprep solution, allowed to air dry, and then draped in sterile fashion. Lidocaine 1% was used to anesthetize the skin with a 25ga needle. Four 3.5 inch 22 gauge Quinke needles were advanced to the anatomic sites. A lateral view with fluoroscopy confirmed 50% needle depth at the femur and tibia. Medication was slowly injected. At the end of the procedure the needle was withdrawn, a Band-Aid was applied for a dressing and the patient remained in the supine position for 10 minutes. The patient was monitored by nursing personnel during this time.

The patient tolerated the procedure very well without any complications. Discharge instruction were given and the patient was released from the hospital. The patient was instructed in the use of a 24 hour pain diary. Telephone follow-up will occur within 24 hours to assess the outcome of the diagnostic injections and to make further treatment recommendations

**Pre-procedure pain score:** (Field #4)

**Post-procedure pain score:** (Field #5)