

Position Statement on Fluoroscopic Guidance

Precision diagnostic procedures for spinal pain require the delivery of small amounts of local anaesthetic solutions or contrast medium exactly onto target nerves or into target joints. Percutaneous treatment procedures require the placement of discrete lesions exactly onto target structures.

Precise placement is essential not only to ensure the validity of the procedure but also to ensure safety. Injections and lesions must not be allowed to spread to other structures which might compromise the accuracy of the injection. Injections and lesions must not be allowed to affect structures that can cause complications.

Accuracy, validity, and safety cannot be achieved and guaranteed by blind injections, relying on palpation, surface markings, and geometry to guide needles. Fluoroscopic guidance is the only means by which precision and patient safety can be guaranteed.

Only by using fluoroscopy can an operator know that they have reached their target and have placed their needle or electrode in the correct location. Only by using fluoroscopy and contrast medium can an operator know that their injection does not affect other structures. Only by using

fluoroscopy can an operator determine that their injection or lesion is not about to be hazardous to the patient's welfare.

Accordingly, on 14 January 2006, the Board of the International Spine Intervention Society reaffirmed that:

As prescribed in its Practice Guidelines for Spinal Diagnostic and Treatment Procedures*, it is the policy of the International Spine Intervention Society that all minimally invasive diagnostic and treatment procedures for spinal pain should always be performed under fluoroscopic guidance.

*Bogduk N (ed). Practice Guidelines for Spinal Diagnostic and Treatment Procedures. International Spine Intervention Society, San Francisco, 2004.