Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

PERCUT VERTEBROPLASTY FLUOR

Collected on Sep 16, 2026 6:05 PM

Results

Impression

T8 and S1 unipedicular kyphoplasty and ablation.
S1 biopsy

PLAN:Follow-up in clinic in one month.

Narrative

PROCEDURE:
NIR ANGIO VERTEBROPLASTY, kyphoplasty and ablation of T8 and S1. Biopsy of S1

PRE-PROCEDURE DIAGNOSIS:
Metastatic breast cancer

POST-PROCEDURE DIAGNOSIS:
Same.

CONSENT:
The risks, benefits, and alternatives of the planned procedure were explained in detail to the patient. Questions were answered and written informed consent was obtained.

TIME OUT:
A time out and final verification was done by the entire team to verify patient, procedure, and site.

STERILE PREPARATION:
All elements of maximal sterile barrier technique were followed, including use of cap, mask, sterile gown, gloves, sterile sheet, chlorhexidine 2% isopropyl alcohol or povidone-iodine, and appropriate hand hygiene.

ANESTHESIA/SEDATION:
Anesthesia supervision: Dirrect monitoring by Interventional Radiology physician performing procedure, and administered by appropriately credentialed nurse.

Level of anesthesia achieved: Moderate sedation: Nurse or other qualified health professional providing continuous monitoring of sedation and vital signs throughout the procedure

DESCRIPTION OF PROCEDURE AND FINDINGS:
Procedure:
The patient was brought to the angiography suite and placed prone upon the examination table. The patient was prepped and draped in the usual sterile fashion. The T7 vertebral levels were identified and targeted using fluoroscopy. The soft tissues above the unilateral T8 and S1 pedicles were anesthetized using lidocaine via a 25G needle and subsequently a 22G spinal needle. With a unipedicular transpedicular approach, separate 11G needles were placed into the lateral aspect of the T8 and S1 vertebral bodies under fluoroscopic guidance with position confirmed under lateral and frontal projections. S1 was repeatedly assessed with repeat cone beam CTs. Biopsy of S1 was performed through the left transpedicular approach.

Subsequent evaluation demonstrated adjustable radiofrequency probe placed through the left T8 and S1 pedicle and curved medially and superiorly. Additionally, radiofrequency probes were placed through T8 and S1 pedicles and curved superomedially and inferomedially. Radiofrequency ablation was then performed to the appropriate and targeted the 50 degrees Celsius. Radiofrequency probes were then removed.

Methylmethacrylate was mixed and injected through both needles under direct fluoroscopic visualization. Subsequently, needles were removed. The patient tolerated the procedure well with no immediate complications.

T8 and S1 was done in sequence. T8 was done first, and then S1.

FINDINGS:
Initial evaluation delineated successful bilateral pedicular needle placement and subsequent fluoroscopic spot film demonstrated good needle tip positioning within the T8 and S1 vertebrae. Subsequent evaluation then demonstrated ablation and augmentation as described above with final films demonstrating good vertebral fill and no significant extraosseous extension. There is a small amount of cement extravasation into the right S1 neural foramina that appears largely open on final cone beam CT. .

RADIATION DOSE:
Fluoroscopy time for this procedure was 25 minutes.

ESTIMATED BLOOD LOSS:
Minimal.

SPECIMENS OBTAINED:
None

COMPLICATIONS:
None.

Ordering provider: Avik Som
Reading physician: Avik Som
Study date: Sep 16, 2026 5:38 PM
Collection date: Sep 16, 2026 6:05 PM
Result date: Sep 16, 2026 6:10 PM
Result status: Final

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