

Musculoskeletal Procedure Checklist

All procedures

- Patient should bring a driver
- Patient should bring outside X-rays and MR images, if available

Blood work and medication precautions

- Blood work should be obtained within 3 days of the procedure for patients asked to stop anticoagulants or have history of bleeding abnormalities. Consult with the prescribing physician before stopping any of the blood thinners.

The musculoskeletal section uses current published guidelines to advise the management of anticoagulation medications. Please see below article from the American Journal of Roentgenology. These guidelines may be modified depending on the individual clinical circumstances of each patient and as deemed appropriate by the attending radiologist.

<https://www.ajronline.org/doi/pdf/10.2214/AJR.14.13342>

Below are guidelines specific to select procedures. Anticoagulants are stopped at the discretion of the physician ordering the procedure:

Caudal Epidural Steroid Injection (ESI)

- Stop anticoagulants after consulting with the prescribing physician. This excludes Aspirin and NSAIDs. Patients stopping anticoagulants or those who have a history of bleeding abnormalities, blood work should be done within 3 days from the procedure.
- No dietary restrictions.
- If the patient is allergic to iodinated contrast, the ESI can proceed without using iodinated contrast, provided the needle is within the sacral spinal canal on 2 perpendicular projections and there is no blood or CSF oozing from the hub of the needle.
- If the patient is allergic to the local anesthetic, Benadryl can be used as a substitute for the local anesthetic.

Facet Joint Injection

- No need to stop NSAIDS or Aspirin.
- All other anticoagulants should be stopped after consulting with the prescribing physician.
- Patients stopping anticoagulants or those who have a history of bleeding abnormalities, blood work should be done within 3 days from the procedure.
- No dietary restrictions.

Nerve Root Injections

- No need to stop NSAIDS or Aspirin. All other anticoagulants should be stopped after consulting with the prescribing physician.
- Patients stopping anticoagulants or those who have a history of bleeding abnormalities, blood work should be done within 3 days from the procedure.
- No dietary restrictions.

Peripheral Joints Injections or Arthrograms

- Please see low bleeding risk guidelines per published guidelines from AJR article.
- If specific questions, please contact the musculoskeletal radiology service.

Peripheral joint aspirations (using 18 or 20 gauge needle)

- Performed based on urgency and discussion with referring service
- Otherwise follow published recommendations

Fine Needle Aspiration or Core Biopsy in the Spine

- Stop anticoagulants after consulting with prescribing physician. This includes Aspirin and NSAIDS per published guidelines. An 81 mg aspirin is acceptable to continue per published guidelines.
- Patients stopping anticoagulants or those who have a history of bleeding abnormalities, blood work should be done within 3 days before the procedure.
- Diet Instructions: Nothing to eat 4 hours before the examination; stop drinking liquids 1 hour prior to the examination.