

Fluoroscopic/Ultrasound-guided Joint Injection:

WHAT DOES A JOINT INJECTION INVOLVE?

A common cause of a painful joint is synovitis (inflammation of the lining of the joint). It can be useful to inject a corticosteroid and/or local anaesthetic directly into the joint or the soft tissue next to the joint (often called a bursa) to reduce the inflammation and provide pain relief. This procedure is most often used in the shoulder, knee or hip, but may also be helpful in other joints.

The correct position for the injection is selected using fluoroscopy (similar to an x-ray 'movie') or ultrasound as a guide.

HOW IS A JOINT INJECTION PERFORMED?

The area of interest is cleaned with antiseptic and the area is covered with a small sterile drape. Local anaesthetic is injected to numb the skin and deeper tissues over the joint.

Under fluoroscopic or ultrasound guidance, a fine needle is then passed into the appropriate area. If this is being done using fluoroscopy, a small amount of contrast media (x-ray dye) is injected to assess its position. Once the needle is in the correct position, the corticosteroid and/or local anaesthetic is injected.

This procedure takes about 30 minutes.

BEFORE A JOINT INJECTION:

- Please bring any related prior imaging with you.

AFTER A JOINT INJECTION:

- You will be given a 'Pain Assessment' form to complete over the next 10 days.
- You may wish to bring someone with you to drive you home.
- **Please read the aftercare information on the reverse.** Although it is unlikely that you will develop any infection at the site of the injection, we ask that you monitor it for any signs of redness, inflammation or increasing pain. **If inflammation or redness does occur, you will need to contact either your GP or your referring doctor.**
- The radiologist will send a written report of the procedure to your referring doctor later in the day.

Fluoroscopic/Ultrasound-guided Joint Injection: CONTINUED

Aftercare

This injection contains a long-acting local anaesthetic and a steroid. The combination of these medications can mask pain that you would normally notice in your affected joint.

It is important to rest for the next two days. Do not do anything that will put undue strain on the area that was injected. This includes heavy lifting, running, swimming, sports, going to the gym and even housework, such as making beds and hanging out washing.

The anaesthetic should have worn off the day after the injection.

Improvement can be gradual. Your symptoms can improve immediately, but often it is a gradual process. If your pre-injection pain returns in the first week, it does not mean the injection hasn't been successful; the steroid can take up to 2 - 3 weeks to start working.

The steroid will not fix the cause of your pain - its purpose is to reduce inflammation. Many people report alleviated symptoms for many months after the injection.

Although it is unlikely that you will develop an infection, we ask you to monitor the injection site for any signs of **redness, swelling or increased pain**. If you have any of these symptoms, or you if have **a fever**, please contact your GP, specialist or Ascot Radiology immediately.

Please complete the pain score chart to document your pain level over the next 10 days. Once completed, please return it to us in the stamped, addressed envelope. It is also a good idea to take a copy of the chart to your next specialist appointment.

Follow your specialist's recommendations and make an appointment with them to discuss further management of your symptoms.