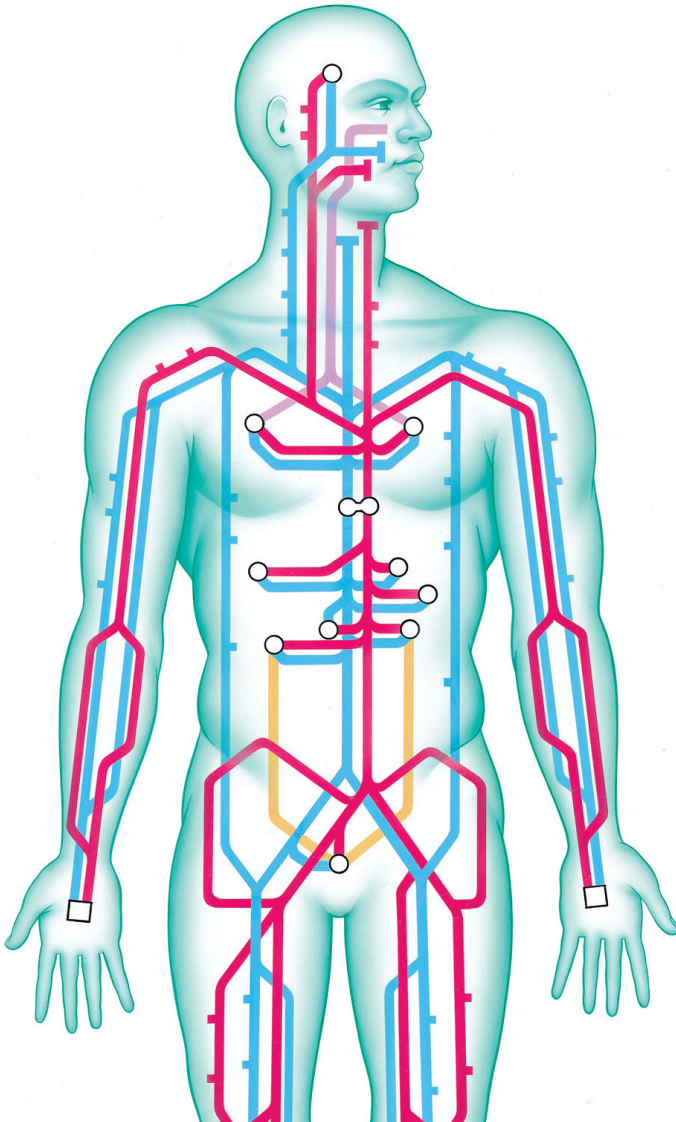


JOINT INJECTION/ASPIRATION



MEDICAL IMAGING
INFORMATION FOR PATIENTS

Introduction

This booklet tells you about the procedures known as joint aspiration and/or injection. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussion.

If you are having the treatment done as a preplanned procedure, you should have plenty of time to discuss the matter with your consultant and the radiologist who will be doing the treatment, before you sign the consent form.

What is a joint injection?

A joint injection is an injection of local anaesthetic and/or steroid into the joint.

What is a joint aspiration?

A joint aspiration is a way of removing a small amount of fluid from a joint using a needle.

Why do I need a joint aspiration/injection?

Joint injections are usually done to treat inflammation and reduce pain/discomfort. During an aspiration, the fluid removed can be sent for testing to help with the diagnosis of your condition. For example, the fluid can be used to count the number of blood cells to see if there is an infection in the joint.

Joint injections/aspirations can be done on the shoulder, hip, knee, ankle, elbow, wrist and the small joints of the hands and feet.

Who has made the decision?

The consultant in charge of your case and the radiologist who will be performing the procedure will have discussed your case and consider this the most suitable test for you. However you will have the opportunity to have your opinion taken into account and after discussion with your doctors, you do not want the procedure carried out, then you can decide against it.

Who will be doing the examination?

A radiologist, a doctor who specialises in musculoskeletal radiology, who will also interpret your images, will perform the examination. There may also be a radiographer and sometimes a nurse or assistant present.

Important information

Do not have anything to eat or drink for 2 hours before your appointment.

You will need someone to drive you home after the examination. Driving is hazardous for 6 hours after the injection because of the local anaesthetic in the joint.

If you are a diabetic patient and having a joint injection please tell the person performing the examination before it starts. This is because the steroid that is injected into your joint could affect your blood sugar level.

What happens during the examination?

On arrival to the Medical Imaging department you will be directed to the relevant waiting area, you will be collected and taken to a changing cubicle and may be asked to change into a hospital gown.

You will then be taken into the x-ray or ultrasound room where the examination will be explained and you can ask any questions that you may have.

You will be asked to lie down on the examination table, your skin will be cleaned with antiseptic liquid and sterile towels will be placed over you.

The radiologist will decide on the best way to place the needle into your joint in order to perform the injection/aspiration.

This may be done using either ultrasound or x-rays to guide the needle into the joint.

Local anaesthetic may be injected into the area to numb the skin and surrounding tissues.

If x-rays are being used to guide the needle into your joint a small amount of contrast, (a colourless liquid that shows up on the x-rays) may be injected into the joint to check the position of the needle.

If you are having a joint injection, the steroid (to reduce inflammation) and local anaesthetic will be injected into the joint at this point. If you are having an aspiration, a syringe will be used to remove some of the fluid from the joint.

What happens after the examination?

For a few hours after the examination, your joint may feel uncomfortable.

For patients who have had a steroid injection, after a few days the local anaesthetic will wear off. It is important that you monitor and keep a record of any changes in your pain over the next few weeks. This information will be useful the next time you see your consultant.

- Female patients who have periods may notice that their menstrual cycle is slightly irregular for a few months
- Diabetic patients should monitor their blood sugar more closely over the next few days
- Some patients may get facial flushing for a short time
- Worsening of symptoms may occur in a minority and patients are advised to carry on taking the prescribed pain killers until it settles down (usually 24 - 48 hours). If it does not settle please contact your GP.

Are there any risks?

A joint injection/aspiration is a common examination that has little risk; however, there is a very small risk of an infection being introduced into the joint. Every precaution is taken to avoid infection.

If the joint becomes red, warm or tender, or if you develop a fever in the first few days after the examination, please see your GP.

Finally....

Some of your questions should have been answered by this booklet, but remember this is only a starting point for discussion about your treatment with the doctors looking after you. Do please satisfy yourself that you have received enough information about the procedure, before you sign the consent form.

This information may be available in other languages and formats, on request. Please contact the Patient Advice & Liaison Service on (01302) 553140.