**JOINT INJECTIONS LEAFLET**

**WHAT IS THE INJECTION FOR?**

The injection is for the treatment of joint pain, swelling and stiffness usually in conditions such as Osteoarthritis.

It is usually recommended near or within a joint when bone rubs against bone causing pain and inflammation.

**WHAT IS IN THE INJECTION?**

The injection is a mixture of local anaesthetic (Lidocaine) and corticosteroid (Kenalog).

The local Anaesthetic initially numbs the area to reduce pain, it usually starts working after a few minutes and can last 24 hours.

The Corticosteroid reduces inflammation and pain. It usually starts working after 3 to 4 days and may provide long term reduction in inflammation and pain.

The drugs do not affect your ability to drive and there is no interaction with alcohol.

Continue to take your regular medications unless instructed otherwise.

**WHAT IF I AM ON WARFARIN OR ANOTHER BLOOD THINING MEDICATION?**

If you are on Warfarin we would recommend you get your INR checked 2-3 days before the injection. If the INR is below 3 we can proceed with the injection.

If you are on a DOAC (Rivaroxaban, Apixaban, Edoxaban or Dabigatran) you may need to stop these medications prior to the injection. Please contact the reception team and they will inform the clinician who performs the joint injections. You will then be advised what to do by the clinician.

You do not need to stop taking your Aspirin or Clopidogrel

**DURING THE INJECTION**

The appointment usually takes 20 minutes

The Doctor will explain the procedure in detail, will talk you through the risks and get you to sign a consent form.

The Doctor will locate the tender area

The area will be cleaned with an anti-septic spray

The Doctor will inject the area

**AFTER THE INJECTION**

The injected area may be numb for 24 hours

The injected area may be sore for 1 to 2 days

You may develop a bruise at the injection site

Maximum improvement of your pain may take up to 2 weeks after the injection

**HOW MANY INJECTIONS WILL I NEED?**

This depends on your response and the area being injected.

Usually, we will limit the number of injections to no more than 3 a year (one every 4 months) per joint/area.

Most patients will only need 1 to 2 injections

As a rule we only inject one joint/area per appointment. If you have multiple areas to inject we will book separate appointments for each joint/area.

**SIDE EFFECTS**

This will be explained in detail during the consent process on the day of the procedure.

Side effects are rare and may include the following;

Bleeding

Bruising

Increased pain initially

Very rarely the injection can lead to an infection

**CARE FOLLOWING YOUR PROCEDURE**

Rest the day of your procedure and avoid strenuous activity. Take care not to overuse the joint even if it feels better after the injection. The joint will need to recover from the inflammation, which caused your symptoms.

You may shower but take care not to disturb the injection site.

You may use ice packs on the injection site for 20 minutes, three to four times during the first 24 hours.

**WHAT DO WE INJECT**

Knees – usually affected by osteoarthritis

Shoulders – usually affected by osteoarthritis, rotator cuff issues and frozen shoulders.

Hands – carpal tunnel, osteoarthritis, De Quervain’s, trigger fingers/thumb

Feet – osteoarthritis, plantar fasciitis, morton’s neuroma

Hips – trochanteric bursitis

**WHAT DON’T WE INJECT?**

Any joint which has been operated on previously and has metal work in should not be injected as there is an increased risk of infection

If you are awaiting surgery on the affected joint/area please note that by having the injection it may delay your surgery by 6 months as the surgical team are usually reluctant to operate on a joint/area which has recently been injected due to the increase risk of infection.

We DO NOT inject into the Hip joint – this needs to be done at the hospital under ultrasound guidance

We DO NOT not offer spinal injection – these are performed by the hospital specialists

We DO NOT inject Keloid scars – these are performed by hospital specialists