



JOINT INJECTIONS

- ▶ **SJOG WEXFORD MEDICAL CENTRE**
Suite 15, 3 Barry Marshall Parade,
Murdoch WA 6150
- ▶ **MURDOCH SQUARE**
Suite 205, 44 Barry Marshall Parade,
Murdoch WA 6150
- ▶ **SJOG MT LAWLEY MEDICAL CENTRE**
Suite 113, Ellesmere Road,
Mt Lawley WA 6050

There are various injections into joints that your surgeon may suggest. These are very low risk procedures carried out by your surgeon in the office or theatre, or by a radiologist in the X-ray department using ultrasound or CT scanners.

Patients usually have minimal pain from these injections and can be mobile straight away. However, we would usually ask that you do not drive for a few hours.

GENERAL RISKS

- The main risk of joint injection is infection, which occurs between 1 in 1000 to 1 in 10000 injections.
- If you are on blood thinners such as warfarin, please inform the doctor, although this usually does not need to delay the procedure.
- Very rarely patients may have a significant allergic reaction to injections that may need treatment. This is likely to occur immediately after the procedure.

WHY DO WE INJECT JOINTS?

Your surgeon may suggest these either as a diagnostic test or as a treatment of joint pain.

DIAGNOSTIC INJECTIONS:

We frequently inject local anaesthetic into joints to prove that they are the cause of pain. We most



Example of knee injection

commonly do this in the hip joint where back and muscle problems can get mistaken as causes of hip pain.

Immediate relief of pain after the injection strongly suggests that the injected joint is the cause of pain. Poor response to injection suggests that it is coming from somewhere else away from the joint.

Local anaesthetic injections will only last a few hours, so we ask you to be immediately active after the injection to test the response.

When you attend clinic after the injection, we will ask you how much of the pain it took away. It is useful to measure this as a rough percentage, eg 25% better, 50%, 90%, 100% etc.

THERAPEUTIC INJECTIONS:

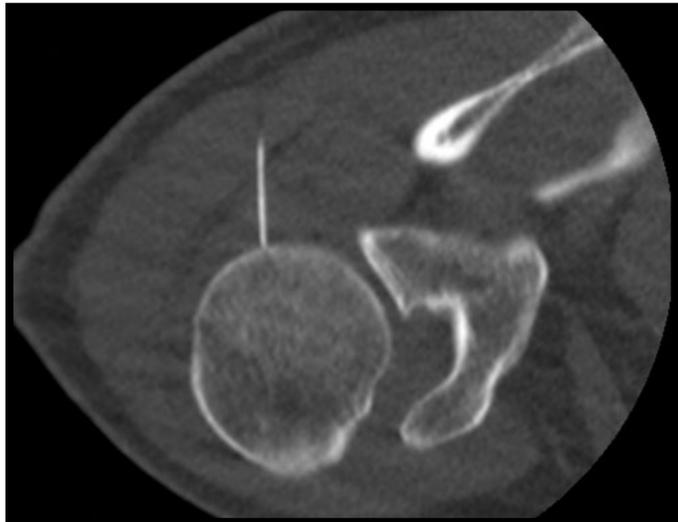
These may be done at the same time as local injections by adding in another drug. These are done to give longer lasting pain relief. Drugs that are commonly injected are Steroids, Hyaluronic acids, Platelet Rich Plasma (PRP) and Stem Cells.

• STEROIDS:

These are very strong anti-inflammatory drugs commonly used in medicine. The results are very variable, with some patients having a few hours relief, and others having weeks to months.

RISKS

- A few patients may experience flushing after injection, which is short lived.
- If you are diabetic these injections may temporarily raise your blood sugar for a few hours, so we advise you to check your blood sugars a few hours after injection.
- Joint replacement surgery within 3 months of steroid injection has a small increased risk of infection, so we try to avoid steroid injections within this time period.



Example of injection into shoulder for injection of steroid and local anaesthetic for frozen shoulder

• HYALURONIC ACID: (SYNISC ONE, DUROLENE)

These are effectively synthetic joint lubricants which reduce pain and inflammation in the joint. There is some evidence that they last longer than steroid but are much more expensive. Often the

health funds will pay for most of the drug cost. You will need a prescription for this, that you collect and take to the doctor performing the injection.

RISKS

- There is often a delayed response of up to 3 weeks for these drugs. Sometimes there can be an early inflammatory response, which may cause more pain and swelling.
- **PRP AND STEM CELLS:**
There is very little evidence that injection of these substances into arthritic joints is at all beneficial, and we would not recommend this until good evidence becomes available.

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