

## X-ray Guided Joint Injection

### What is an x-ray guided Joint Injection?

By placing pain relieving (analgesic) and/or steroid medicine directly into the joint, the amount of immediate pain relief experienced will help the doctors confirm the source of pain, whether local or 'referred'. Additionally, the temporary relief of the analgesic may allow a physiotherapist to treat you. Steroid injections will also help to reduce any inflammation that may exist within the joint.

During the procedure you will be lying on the x-ray table exposing the relevant area to be treated. The skin is cleaned and the area covered with a surgical drape to ensure a sterile procedure is undertaken. The Radiologist numbs a small area of skin with local anaesthetic which stings for several seconds. After the local anaesthetic has been given time to be effective the Radiologist directs a very small needle, using x-ray guidance into the joint. A small amount of contrast (dye) is injected to ensure proper needle position inside the joint space. Then, a small mixture of anaesthetic and/or anti-inflammatory (corticosteroid) is injected. One or several joints may be injected depending on the location of the patients' usual pain. This examination is usually undertaken as an out-patient procedure and you will be allowed home after a short period of time.

### What are the alternatives?

You may discuss these with your doctor and decline or postpone this treatment.

### What are the potential risks and side effects?

When local anaesthetic is injected into joints it may affect some nerves and blood vessels which run close to it. This may result in immediate numbness or weakness in the affected part of the body but is self-limiting and usually disappears within 30minutes. There may be bruising at the site of the injection which normally resolves itself. Bleeding from the blood vessels is uncommon and is usually treated conservatively. Significant bleeding is a serious but rare event.

Three days following the procedure your symptoms should have improved (or be no worse). If your symptoms are worse or you have signs of redness and inflammation around the injection site you should contact your doctor or attend the Emergency Department. You should inform them that you have had this procedure so that they can exclude or treat any infection. Infection of the joint is a serious but rare complication and is treated by intravenous antibiotics in hospital.

**Although you will be asked for verbal or written consent for your treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.**

### What are the expected benefits of treatment?

Relief from the steroid injection can last from a few weeks to several months. Symptomatic relief of pain after a steroid and local anaesthetic injection can help doctors to decide if the pain is from the joint itself or is 'referred' pain. In some cases it is undertaken to evaluate the fine internal structures within the joint and may be combined with other imaging such as Magnetic Resonance Imaging (MRI) or Computed Tomography (CT) scanning.

## **What should I do before I come into hospital?**

There is no preparation for this procedure. However, active infection e.g. a cold or sore throat, whether treated or not may be associated with an increased risk of joint infection. If you have any skin infection or rash covering the joint area to be injected you need to inform us prior to your appointment.

If you have any allergies or if you have previously reacted to contrast medium (the 'dye' used for x-ray examinations) please contact us. We also need to know if you are taking anticoagulants (to thin the blood) such as warfarin, heparin, tinzaparin, clopidogrel (Plavix) or phenindrone (Dindevan).

If you are diabetic, particularly if you are taking Metformin, please contact us.

If you have any questions regarding this please telephone the radiology department nurses at Conquest Hospital - (01424) 755255 OR Eastbourne District General Hospital - (01323) 435879 as soon as possible so that advice may be given.

## **Will I have an anaesthetic?**

A 'local' anaesthetic to the skin and underlying tissue will be given prior to injection of the steroid. Sedation or general anaesthetic is not necessary.

## **How will I feel afterwards?**

We do not recommend that you drive yourself home - please make arrangements to be collected.

## **How long will I be in hospital?**

Up to two hours.

## **What should I do when I go home?**

After the procedure it is recommended that you rest for the remainder of that day. On the day of your procedure the staff will advise you on the amount of rest you need for the specific joint injection you have had.

## **Will I have to come back to hospital?**

Yes - to see the consultant who referred you to x-ray and obtain your results. This will be arranged with the Outpatients Department.

## **When can I return to work?**

You can return to work within one to three days.

## **Important information**

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## **Your comments**

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team on 01323 417400 Ext: 5860 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:

Dr John Giles, Consultant Radiologist  
Dr Martin Sambrook, Consultant Radiologist  
Dr Mo Faris, Consultant Radiologist

The directorate group that have agreed this patient information leaflet:

Julia Barbour; Specialist Matron, Interventional Radiology, Dr Justin Harris; Consultant Radiologist

Next review date: August 2019

Responsible Clinician: Tracianne Walter; Specialist Sister, Interventional Radiology

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