

Having an ultrasound guided injection of a joint or tendon, or fluid taken (aspiration)

Department of Radiology

Information for Patients

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Introduction

Please read your appointment letter carefully to check which hospital your appointment is at.

What is an ultrasound guided injection or aspiration?

A joint injection is an injection of local anaesthetic and/or steroid into a joint. Joint injections are usually done to treat inflammation and reduce pain and discomfort. This can be done with ultrasound scanning to help guide the needle into place.

A tendon injection is another type of ultrasound guided injection procedure called dry needling of a tendon. This is where a thin needle is put into an abnormal tendon many times. After dry needling, local anaesthetic and steroid may be injected around the tendon. You will have been told if you are going to have this.

A joint aspiration is a way of removing a small amount of fluid from a joint using a needle and syringe. You may have some of the extra calcium in your joint broken down and removed via a small needle. This is to help make your joint less painful.

Your doctor has recommended that you have this examination to treat the cause of your symptoms.

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

Tendon injections can be done on a tendon near a joint. This is often done for tendon in the ankle. This includes the achilles tendon at the back of the ankle and the tibialis posterior tendon.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Important information before you have an injection:

Please tell the person doing your examination when you arrive if:

- **You are allergic to iodine or rubber (latex)**, have any other allergies or have asthma.
- **You have diabetes.** This is important because the steroid that is injected into your joint could affect your blood sugar level.
- **There is a possibility that you may be pregnant.**

Important information if you take blood thinning medication

If you are taking medication that thins the blood (anticoagulants or antiplatelets) it may need to be stopped or replaced with a different one for a few days.

Please call the Radiology department for advice by phoning the number on your appointment letter as soon as possible. You will be asked what blood thinning medication you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), Dalteparin and Heparin.

You may have already been given instructions on blood thinners by the doctor who referred you for this procedure. Please still call the Radiology department so we can check this.

What arrangements must I make before my examination?

Before you can have a joint injection, you need to plan the following things:

- You must be collected by a responsible adult, who must take you home in a car or taxi after the joint injection.
- You must have a responsible adult at home with you for at least 24 hours after your procedure.
- **Do not drive or cycle** for a minimum 24 hours after your joint injection.

Important note: Driving after an anaesthetic is a criminal offence, and will affect your insurance cover.

How do I get ready for the examination?

- **Do not eat for 2 hours** before the examination. This helps lower your risk of feeling sick.
- You may have sips of water, cordial, sugary drink or other drink up to the examination time.
- You can bring food and drink with you to have after your examination.

If your injection or aspiration is for your knee or ankle you can wear shorts or a skirt so that you do not need to get changed at the hospital.

Please call the number on your appointment letter or at the end of this leaflet to tell us if:

- you have a high temperature (fever) and are feeling unwell
- you are on antibiotics
- you are within a few days of a surgical procedure
- you are having a COVID jab (vaccination) within 2 weeks before or 2 weeks after your appointment for the injection or aspiration.

It may be that we will need to re-arrange your appointment.

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a Radiologist or advanced radiographer for this procedure. Radiologists are doctors who have specialised in imaging and X-ray treatments. Advanced radiographers (consultant radiographers or advanced practitioners) are radiographers who have specialised in imaging and X-ray or ultrasound treatments. They will confirm that you understand why the procedure is being done, its potential risks and what the chances of success are. You will then be asked to sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the Radiologist or advanced radiographer you do not want to have the procedure then you can decide against it at any time.

If the Radiologist or advanced radiographer feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

If you feel during the procedure that you do not want it to continue we will explain the implications of not doing so to help you fully decide.

Who will be doing my examination?

The examination will be conducted by a doctor (a radiologist) or advanced radiographer who specialises in X-ray treatments and ultrasound scans.

There may also be a radiographer, a nurse or radiology assistant in the room.

As we are a teaching hospital a student may also be present. If you do not want this, you can ask that a student is not in the room when you have your examination

What happens during my examination?

Before your injection or aspiration procedure:

- When you get to the Radiologist department you will be shown to the relevant waiting area. You may be asked to change into a hospital gown.
- You will be taken into an ultrasound room where the examination will be explained to you and you may ask any questions.
- You will then be asked to sit or lie down on the examination table.
- The radiologist or advanced radiographer will do an ultrasound scan of the painful joint. They will put some gel on your skin and move the ultrasound probe over your joint. They may put a pen mark on your skin when they decide where to do the injection or aspiration.
- The scan will show if there is fluid, swelling, inflammation or other problems in the joint. This helps the radiologist or advanced radiographer decide if you may benefit from having the injection or aspiration. They will then talk to you about this and tell you how the procedure is done.

During your injection or aspiration procedure:

- Everything is kept clean (sterile). Your skin is cleaned with antiseptic and you have some of your body covered with sterile sheets.
- The skin and deeper tissues over the joint are numbed with local anaesthetic. When the local anaesthetic is injected it stings to start with, but this soon wears off and the skin and deeper tissues should then feel numb. If the procedure does become uncomfortable you should tell the member of staff who will be with you throughout the procedure.
- The radiologist or advanced radiographer will use ultrasound to help guide the tip of the needle into the joint or tendon.
- If you are having a joint injection a small amount of steroid (to reduce inflammation) and local anaesthetic will be put into the joint.
- If you are having a joint aspiration a syringe will be used to remove some of the fluid from the joint.
- If you are having dry needling, a thin needle will be put into the tendon many times. Local anaesthetic and steroid may then be injected around the tendon.
- If the procedure is for breaking down extra calcium in the joint then the needle will be moved around to try to break it up.
- At the end of the examination, the injection site will be covered with a wound dressing.

Patients having an injection of the achilles tendon or tibialis posterior in the ankle may need to wear a special boot after the procedure. If this is needed, you will be told about it before your appointment. The boot will be given to you and fitted at the hospital before you go home. If you need to wear a boot, it can be taken off when you have a bath or shower. You will need to wear the boot for 4 to 6 weeks.

How long will it take?

The time will vary for each patient. Most examinations take 20 to 40 minutes. Please expect to be in the department for up to 2 hours.

What happens after the examination?

The gel will be wiped off and your skin cleaned.

We may ask you to wait in the Radiology department for a short time after your examination and you may be given some exercises to do.

If you have had dry needling or injection of your achilles tendon or tibialis posterior, you may be taken to the plaster room for a boot to be fitted.

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

- **Do not drive or cycle for 24 hours after your examination.** You will need someone to drive you home after your examination.
- **For 3 to 4 days:** Light activity such as sitting, standing and some walking is allowed but we ask you not to carry out heavy manual work for 3 to 4 days.
- **It may take 3 to 4 weeks** to see the benefit of a joint injection. If the procedure does not work then the doctor who referred you for the injection may talk to you at your follow-up appointment about any other options.

Are there any risks and complications?

As with any procedure or operation, complications are possible. A joint injection or aspiration is a common examination that has little risk. We have included the most common risks and complications in this leaflet, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

- **Infection** - there is a very small risk of an infection being introduced into the joint. This affects less than 1 in 1000 people. If over the next few days the injection site becomes red, hot or painful, or if you get a high temperature (fever) contact your GP or call the NHS helpline on 111.
- **Bleeding or bruising** - there may be a small amount of bleeding or bruising at the injection site. This affects less than 1 in 100 people. Bleeding and bruising can cause pain for a few days.
- **Increased pain** - your pain symptoms can get worse (become aggravated) for a few hours or days before the injection starts to work. If you have increased pain several days after the injection it could be a sign of infection and you should call your GP or NHS 111 for help.
- **Tingling or numbness or a heavy feeling** - you may get this feeling due to the local anaesthetic in the joint. This usually gets better over the next 2 hours.
- **Reaction to local anaesthetic** - Feeling dizzy, low blood pressure, allergic reaction, irregular heart rate. In most patients this is temporary and settles on its own.

Possible side effects from the steroid injection:

- **Feeling dizzy, headache, low or high blood pressure, feeling sick, being sick, loose poo (diarrhoea) or redness in the face** (flushing) for a short time. Most patients do not get these side effects. Usually these side effects happen straight away, but can happen in the next few days.
- **Irregular periods** - patients who have menstrual periods may notice that their menstrual cycle is slightly irregular for a few months.
- **Changes to your blood sugar levels** - patients with diabetes monitor their blood sugar more closely over the next few days.
- If you have had an injection under the skin, some patients may notice discolouration of the skin. There may also be a dip or dent (depression) of the skin around the injection site. This is due to a small area of loss of fatty tissue (fatty atrophy).

If you have any problems after the examination please call your GP or call NHS 111.

How do I get the results?

The results of the procedure will depend on how your joint feels afterwards and it may take a few weeks before you feel the full effects. A report will be sent to the consultant who referred you for this examination.

What if I need to talk to someone?



If you have any questions or concerns, or cannot make your appointment, please call the Radiology department on **0116 258 8765** and select **option 7**. Monday to Friday, 9am to 5pm. Excluding bank holidays.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
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