



Consent Information - Patient Copy Joint Injection

1. What is a Joint Injection?

A Joint Injection is a procedure that injects medication into a joint for pain relief. The injection is usually a mixture of local anaesthetic and steroid medications.

Pain relief can be long lasting or temporary.

The procedure is performed in medical imaging and done with guidance from imaging machines such as ultrasound, CT or x-ray.

For more information on the imaging methods used for a joint injection and the risks involved in their use, please read the **Patient Information Sheets** for the imaging method you are booked for – **Ultrasound or CT** (if you do not have the information sheet please ask).

2. Will there be any discomfort, is any anaesthetic needed?

This procedure may require the injection of a local anaesthetic. It is used to prevent or relieve pain, but will not put you to sleep.

3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- Please tell the staff if you are or suspect you might be pregnant.
- If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.
- List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure. If you have a drug habit please tell your doctor.

4. During the procedure

Pictures of the joint will be taken.

The Radiologist (x-ray doctor) may inject local anaesthetic.

Using imaging as a guide the needle will be inserted into your joint. You must remain as still as possible.

When the needle is in the correct place the medication will be injected. The needle is taken out and a dressing will be applied to the puncture site.

5. After the procedure

Staff will discuss with you what level of activity is suitable after your procedure.

If a steroid was injected, it is normal to have some pain at the site for a day or two. ɪmp;#x26amp; packs or simple pain killers are usually enough to relieve this pain.

6. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Inflammation of the joint, resulting in an increase of fluid in and around the joint.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays (for CT and x-ray only).
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

7. What are the safety issues when you leave the hospital?

Take care not to bump the area that has been numbed with the local anaesthetic.

Go to your nearest A&E (Accident and Emergency) department or GP if you become unwell or have;

- pain, unrelieved by simple pain killers
- continuous bleeding or swelling at the puncture site
- redness or inflammation at the puncture site
- reduced mobility in the joint
- fever
- other warning signs the doctor may have asked you to be aware of.