

YOU WILL NOT RECEIVE SEDATION OR GENERAL ANESTHESIA FOR THIS PROCEDURE.

YOU MAY HAVE RECEIVED A LEAFLET FROM THE ADMISSIONS UNIT REGARDING ADVICE AFTER ANESTHESIA OR SEDATION - THIS DOES NOT APPLY TO YOU.

For smaller joint injections (e.g. feet / hands) with Ultrasound the injection takes 10-30 seconds normally, though we can inject slower if needed for comfort.

For larger joint injections (e.g. hips) we need to administer the local anaesthetic, then through a different very thin needle administer contrast (like a dye that can be seen on xray) to help guide the needle tip to the exact location, and then the therapeutic medicines. This normally takes 10-20 minutes depending on many factors.

Afterwards we apply a small dressing (Tegaderm®) or a simple plaster and will advise how long to keep this on for – usually 24 hours.

For small joint injections you will normally be allowed to leave directly from the procedure provided you feel okay and any observations are normal.

For large joint injections (in particular hips) you will be transferred onto a trolley and asked to remain in Daycare for a period of time (usually 1 hour) as the sensation in your leg may be reduced due to the local anaesthesia and you would be at risk of falling. Even after the hour your nurse will check that you are safe mobilising before discharging you.

The Consultant will generate a report which is automatically sent to the person who referred you to us. We do not follow up with you. Any follow up is with the referrer.

If you feel you have experienced a complication (e.g. infection) from your procedure you should seek advice. You can call the Interventional Radiology nurses on 091 785644 during working hours or the night sister on 091 785000 out of hours. You could also contact your GP or a local Emergency room.

WHAT WILL I FEEL AFTERWARDS?

You may feel some altered sensation for the remainder of the day.

Occasionally a “steroid flare” can cause significant pain a few hours after the injection (see Risks). You may take over the counter analgesia if you are normally able to take these.

Benefit from the injection may start immediately or could take up to 2 weeks to notice at all. Benefit can range from brief to long-term.

CONTACT

We hope this has given you a clear picture of what to expect. However if you still have further questions you should contact either your referrer or you can contact our Interventional Radiology Nurses on

091785644

(office hours only)

or email

Rad.Nurse@Galwayclinic.com



PATIENT INFORMATION: IMAGE GUIDED INJECTIONS



This leaflet is designed for people who have been referred to the Galway Clinic for an image guided injection.

The doctor or healthcare professional who referred you should have discussed the reasons for the injection with you prior to your referral.

However, if you have further questions, this leaflet may answer your questions, if not you should contact your referrer or the Galway Clinic using the details at the end of this leaflet.



WHAT IS AN IMAGE GUIDED INJECTION?

An image guided injection is an injection of either steroid, local anaesthetic and steroid combination or occasionally another medicine (Hyaluronic acid) into either a joint, bursae (protective cushioning around joints) or around tendons, using either ultrasound or x-ray (fluoroscopy) to guide the injection to exactly the location required.

WHY DO I NEED THIS INJECTION?

Normally the injection is intended to reduce pain, and sometimes increase movement range. Sometimes the injection is also used to help determine which joint is the cause of pain if considering other treatments e.g. surgery in the future. Sometimes, particularly in e.g. the foot/ankle there are many joints close to each other and it is difficult to assess which one is causing the symptoms. If you get good relief from an injection it can help guide your specialist in future treatment options.

ARE THERE ANY ALTERNATIVES?

As this is a non-critical procedure it is always a choice as to whether to proceed with an injection. Typically, alternative options are physiotherapy, pain killing and anti-inflammatory medicines or surgery. Your referrer should have discussed these options with you already. The radiologist performing your procedure will only be able to advise on the image guided injection, alternatives should be discussed with your referrer.

ARE THERE ANY RISKS WITH THIS PROCEDURE?

There are risks involved with any procedure although these are rare and usually very minor - these include:

- + A small risk of infection: you will be advised on the day what you should observe for.
- + Diabetics may experience a transient slight rise in blood sugar level.
- + Bleeding/Bruising: a small amount is expected and normally resolves without intervention.
- + Allergic reaction: it is possible to have an allergy to either the medication or the dressing/plaster applied afterwards.

- + Injury to local structures such as tendons, muscle and nerves. Tendons can be prone to tears and you will be advised how to minimise this risk if relevant.
- + Steroid Flare: a reaction to the steroid characterised by pain and/or inflammation at the injection site. More typical in smaller joints e.g. feet. Whilst unpleasant this does not impact the likelihood of benefitting from the injection.
- + No benefit from the injection. Not everybody will notice any benefit from the injection. Who will benefit is difficult to predict accurately.

This list is not exhaustive though most complications are very rare.

WHAT DO I NEED TO DO TO PREPARE?

It is useful if we know if you are taking any blood thinners on the day: however **YOU DO NOT NEED TO STOP TAKING ANY MEDICATIONS UNLESS YOU HAVE BEEN SPECIFICALLY ADVISED**: even if you have been advised by your referrer to stop any medications please contact us to confirm if this is necessary as we do not advise interrupting ANY of your medications for this procedure.

You can and should eat and drink as normal before your procedure.

For certain injections you must not drive for the remainder of the day. You will be advised of this when you are contacted to book the procedure.

DO I NEED A PREGNANCY TEST?

Women aged 55 and under, whose procedure involves x-ray (not ultrasound) of the area from mid chest to above knees (mostly hips) are required to sign a "Pregnancy declaration" form and declare that there is no possibility they are pregnant, as there could be a risk to the unborn child from the x-ray radiation. Typically, we require a blood test, however there are reasons NOT to get a blood test – if these apply please advise the administrator registering you: they can contact the radiology dept for advice if needed. The reasons NOT to have a blood test are if you can confirm you have:

- + Had a hysterectomy or BOTH ovaries removed
- + Are within the first 10 days since the first day of your last period

- + If aged over 50 and had no period for more than 1 year OR aged under 50 and had no period for more than 2 years
- + Have not been sexually active since your last period
- + Are correctly and consistently using effective contraception (not condoms)

WHO WILL BE THERE?

During your procedure 2 or 3 people are involved. A Radiologist performs your injection, a nurse who will run through things beforehand to check if there is anything we should know and a radiographer who operates the x-ray/fluoroscopy machines.

WHAT WILL HAPPEN ON THE DAY?

If you are having a procedure that requires you to rest after, you will have been advised to attend DAYCARE, if not you will have been advised to attend RADIOLOGY. Please check your letter to confirm where you should go.

An administrator will register you, apply an identification name band on your wrist and ask you to wait in the appropriate area. A nurse will collect you and run through some questions like medical history and allergies. They will try to answer any questions. You then go to the Radiology room where the radiologist will explain the procedure, ask for your consent and answer any further questions. The radiographer will go through the pregnancy status declaration form if applicable.

RELATIVES WILL NOT NORMALLY BE ALLOWED INTO THE PROCEDURE ROOM.

You will then be helped if needed to move into the appropriate position on the x-ray table. The area to be injected will be cleaned with an antiseptic called "Chloroprep". This DOES NOT contain iodine.

To ensure the injection is as comfortable as possible you will receive either a very cold spray of Ethyl Chloride OR an injection of local anaesthetic. Typically, smaller joints e.g. hands & feet are more suited to the cold spray. Larger joints e.g. hips are more suited to injecting local anaesthetic. Hip bursae, knees and shoulders can vary, and this will be discussed with you on the day.

CONTINUED

