

PATIENT EDUCATION HANDOUT

Joint Injections

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Joint injections are commonly used to help reduce acute or chronic pain and inflammation in patients with arthritis. Common areas for joint injections include the knee, hip, shoulder and wrist. These procedures are usually completed in a clinician's office and may sometimes be completed with ultrasound guidance. Your provider will recommend the appropriate treatment for you based on your history. The medication is injected into the joint space using a small needle to help your pain and guide you to recovery.

TREATMENT OPTIONS

Steroid joint injections

Steroids can help reduce the inflammation around the joints, which should help relieve the pain. At the start of the procedure, local anesthesia will be injected superficially to keep the procedure as painless as possible. Following this, the physician will inject the steroid into the joint space.

Common steroids include methylprednisolone, triamcinolone and dexamethasone. The steroid of choice will be decided based on the specific joint.

Platelet-rich plasma injection

Platelet-rich plasma injection provides pain relief through the body's healing factors, as platelets contain many growth factors that can promote a faster healing process. The physician takes blood samples to fill a few test tubes. The tubes are centrifuged, allowing your platelets to be concentrated. The platelets from the tubes are then separated and used for the injection. Your doctor will advise you to stop taking anti-inflammatory medications a few days prior to the procedure to ensure the platelet growth factors can be optimized in their function.

Hyaluronic acid

The body naturally produces hyaluronic acid. It is a gel-like fluid found in the fluid surrounding joints and acts as a lubricant and shock absorber. Hyaluronic acid can also be injected into the knee, because increasing the lubrication around the knee may facilitate movement and reduce arthritic pain.

WHAT TO EXPECT

After the procedure, you will have minimal pain and can walk out of the office without needing a brace or a walking assistance device. For the first 48 hours, you should avoid excessive activity, such as jogging or heavy lifting. After this, you can return to normal work and home activities. If the injections are effective, they may be repeated after a period of time, usually 6 months.

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Side effects

Immediately after, you may notice a local reaction such as pain, warmth and slight swelling. These symptoms should resolve in 1 day. You may want to apply an ice pack to help ease these symptoms. If they do not resolve, you will need to be re-evaluated.

Additional side effects may include:

- Skin or joint infection that could need evaluation and possible surgical drainage
- Local skin changes or discoloration that can be permanent
- Worsening pain or post-injection flares
- Tendon rupture

Sometimes, one injection fails to improve pain. If this happens, you may need repeated injections.

SOURCE(S):

1. Wehling P, Evans C, Wehling J, Maixner W. Effectiveness of intra-articular therapies in osteoarthritis: a literature review. *Ther Adv Musculoskeletal Dis.* 2017;9(8):183–196. doi:10.1177/1759720X17712695
2. Ayhan E, Kesmezacar H, Akgun I. Intraarticular injections (corticosteroid, hyaluronic acid, platelet rich plasma) for the knee osteoarthritis. *World J Orthop.* 2014;5(3):351–361. doi:10.5312/wjo.v5.i3.351

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