

Joint injections in Interventional Radiology: information for families

Joint injections are suggested when a joint is painful, swollen and is difficult to move. This can be caused by many conditions, but the most common is arthritis (inflammation of the joint). Injecting steroid medicine into the fluid around the joint can decrease pain and increase the range of movement. It can also treat disease within the joint itself. This information sheet explains about the joint injection procedure carried out in the Interventional Radiology department at Great Ormond Street Hospital (GOSH). An Easy Read information sheet is included for your child.

The doctor will suggest joint injections based on your child's current symptoms, the underlying cause of these symptoms and recent imaging studies. Joint injections on their own are unlikely to offer a 'cure' but can be helpful alongside other treatments such as physiotherapy, splinting and other longer-term medicines.

What happens before the procedure?

You will already have received information about how to prepare your child for the procedure in your admission letter. You may need to come to GOSH before the joint injections so that your child can have a pre-admission assessment to check that they are well enough. This appointment may involve taking blood samples and other tests.

The doctor will also discuss whether your child needs a general anaesthetic for the procedure. Older children and young people may prefer to be awake and use a gas and air mixture called Entonox® to help with anxiety and pain relief.

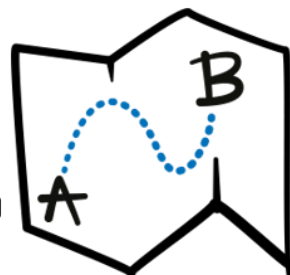
Contrast liquid (which shows up well on x-rays) is used during the procedure, which is removed from the body through urination (peeing). Please tell the doctors if your child has any kidney problems.

Many of the studies we perform involve the use of x-rays. Legally, we are obliged to ask any girls over the age of 12 whether there is any chance they might be pregnant. We may ask for a urine or blood sample to carry out a pregnancy test. This is to protect babies in the womb from receiving unnecessary radiation.

What does the procedure involve?

Injections under general anaesthetic

It is important that your child does not eat or drink anything for a few hours before the anaesthetic. This is called 'fasting' or 'nil by mouth'. Fasting reduces the risk of stomach contents entering the lungs during and after the procedure. We will call you the night before the procedure to tell you the time that your child should be 'nil by mouth' – in other words, have nothing to eat or drink before the anaesthetic.



It is equally important to keep giving your child food and drink until those times to ensure they remain well-hydrated and get adequate nutrition. We recommend waking your child in the night to give them a drink.

Injections under Entonox®

If your child is having the joint injections using Entonox®, they will not need to fast but it is preferable not to have a heavy meal beforehand.

Giving consent

The person bringing your child to the procedure should have 'Parental Responsibility' for them. Parental Responsibility refers to the individual who has legal rights, responsibilities, duties, power and authority to make decisions for a child. If the person bringing your child does not have Parental Responsibility, we may have to cancel the procedure.

When you arrive at GOSH, you will meet a member of the IR team. They will explain the procedure in more detail, discuss any questions you may have and ask you to sign a consent form giving permission for your child to have the injections. If your child has any medical problems, please tell the doctors.

Having the injections

Once your child is under general anaesthetic or sedated with Entonox®, the doctor will clean the area over the joint and insert a small needle into the fluid filled area around the joint bones. They will inject a small amount of contrast, a liquid that shows up well on x-rays, to confirm that the needle is in the correct position. When it is in the correct position, they will inject a mixture of steroid medicine and local anaesthetic. They will remove the needle and cover the injection site with a small plaster.



X-ray of shoulder joint and of injection of contrast

Are there any risks?

Every anaesthetic carries a risk, although this is extremely small. The risk of infection with this procedure is extremely small as no incisions are made in the skin.

Occasionally it is difficult to inject much medicine into the joint space, especially if the joint is extremely swollen. If this is the case, other medicines may be prescribed to reduce the swelling before the injections are tried again.

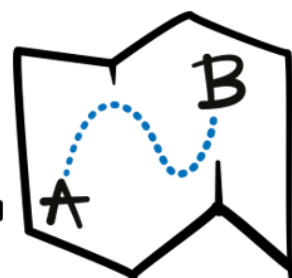
Some joints in the body respond better to steroid medicine injections than others so additional or alternative treatments might be needed.

Are there any alternatives to joint injections?

Physiotherapy and medicines taken by mouth or intravenously can be used as an alternative to joint injections. They can also be used alongside joint injections. The doctor will explain all the options suitable for your child before you make a decision.

What happens afterwards?

Your child will return to the ward after they have recovered from the general anaesthetic if they have had one. Some children feel sick and vomit after a general anaesthetic. Your child may have a headache or sore throat or feel dizzy, but these side effects are usually short-lived and not severe. Your child can start eating and drinking as normal once they feel like it.



Going home

If your child does not need to stay in hospital for other treatment, you can return home once they have recovered from the anaesthetic or sedation. They should rest for the first 24 hours but then continue with the physiotherapy and exercises as advised.





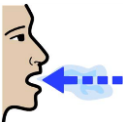

You should call the hospital if:

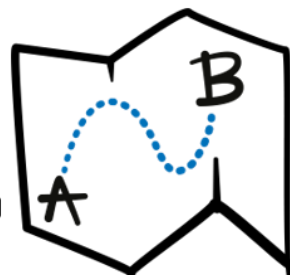
- The injection site looks red, swollen and feels hotter than the surrounding skin
- The injection site is oozing
- Your child is in a lot of pain and pain relief does not seem to help
- Your child has a temperature of 38°C or higher

Further information and support

If you have any questions, please telephone 020 7405 9200 and ask for the ward from which your child was discharged.

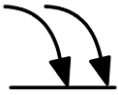
Having joint injections

	You have lots of joints in your body. They help you move in different ways.
	Sometimes, your joints can get swollen and sore. This can make moving hurt.
	Having injections of medicine into your joints can help. It can make the swelling go down and make them less sore.
	You can have an anaesthetic (said: ann-ess-thet-ick) for the joint injections. You will not be able to feel anything or know what is happening.
	Older children may have some gas and air to breathe instead. This makes them relaxed but not asleep.
	The doctor will take some x-ray pictures so they can see the joint clearly.





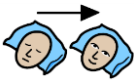
They will add some liquid that shows up well on x-rays and then inject the medicine into the joint.



They will do this for each joint that is sore.



They will put a small plaster where you had the injection too.



At the end of the procedure, you will start to wake up from the anaesthetic or gas and air.



The nurses will check you regularly to make sure you are getting better. You can then go home.



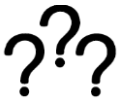
You should rest for a day afterwards. You will probably still a bit sleepy.



After this, you should carry on doing your physio as they showed you.



You will come back to the hospital a few weeks later for a check-up appointment.



Please ask us if you have any questions.

