



Procedure Information

Intra-articular/ Tendon Injection

Introduction

Intra-articular injection gives medication directly into a joint. It relieves pain and inflammation in individuals with osteoarthritis, juvenile idiopathic arthritis, psoriatic arthritis, acute monarticular gout, pseudogout, and rheumatoid arthritis.

Tendon injection gives medication into the area surrounding a tendon. It treats tendonitis and tendinosis by decreasing inflammation, or helps kick start healing of a tendon.



Source:

<https://www.medpagetoday.com/rheumatology/arthritis/82753>

Outcomes

- Steroid injection to the joint/tendon suppresses inflammation and decrease erythema, swelling, heat and tenderness of the diseased joint/tendon.
- Local anesthetics injection to the joint/tendon relieves pain and can be used diagnostically to differentiate between local and referred pain.
- Autologous blood or platelet-rich plasma injection to the joint/tendon promotes its repair activity.
- Botulinum toxin injection to the joint/tendon may provide pain relief to the joint and decrease tensile stress to the tendon.
- Hyaluronate injection to the joint/tendon may provide and maintains intra-articular lubrication provide a protective buffer for the tendon.
- Proteinase/collagenase inhibitor injection to the tendon may reduce collagen breakdown and slow down the destruction of the tendon.
- Polysulphated glycosaminoglycan injection to the tendon may prevent destruction.

Procedures

1. The procedure can be performed under local anaesthesia.
2. Image guidance such as fluoroscopy or ultrasound may be used to guide the injection into exactly the right place.
3. The medication is injected into the affected joint or around the affected tendon.
4. A waterproof sterile dressing is applied to the injection site.

Possible Risks and Complications

Incidence of risks and complications vary depending on the etiology of the disease, the portal of injection and the medication used.

1. Complications of intra-articular injection
 - Post-injection flare of pain
 - Vasovagal reaction
2. Complications of tendon injection
 - Rupturing or tearing of the tendon
3. Other possible risks / complications
 - Skin complications related to steroid injection
 - Local site infection

- Transient increases in blood glucose
- Joint destruction due to corticosteroid injection

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care this does not rule out the possibility of complications arising.

Pre-procedure Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. If the injection is performed with other procedure under general anaesthesia, you should take no food or drink six hours before procedure.
4. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses upon request.
5. Please empty your bladder before the procedure.

Advices on Discharge

1. Post-injection flare, characterized by localized pain, may occur within several hours of intra-articular steroid injection. It usually resolves within 48 hours.
2. Apply ice pad (wrapped with a soft cloth) to the injection site for 15 minutes at a time, once per hour on the day of injection and then 4 times per day on the next day of injection. It helps minimizing pain and inflammation.
3. Please rest the limb and minimize weightbearing after injection for the first 48 hours to prevent local tissue trauma. You may be advised to avoid strenuous exercise for 1-2 weeks.
4. The affected area may be immobilized for a few days. Please follow doctor's and nurse's instruction on handling the immobilizer.
5. Keep the waterproof dressing dry and clean. You can remove the dressing on the next day of injection if the site has no abnormality developed.
6. Immediately return to the doctor or hospital for professional attention in the event of increase pain, redness and swelling at the site of injection, as well as limb numbness or weakness, shivering, fever over 38°C or 100°F.
7. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

