

Joint Injection

Objective

- To be able to inject common joints (knee, elbow and shoulder) using the mannequins provided

Indications

- Inflammatory arthritis
- Osteoarthritis
- Soft tissue disorders
 - Elbow
 - Plantar fascia
 - Shoulder
 - Wrist/hand

Avoid

- Small joints if not confident
- Worried about sepsis
- Injecting through broken skin
 - Infection
 - Psoriasis
 - eczema

Steroid Preparations

Large joints

- Methylprednisolone (depomedrone)
- Triamcinolone acetonide(kenalog)
- Triamcinolone hexacetonide (lederspan)
- +/- local anaesthetic

Small joints/soft tissues

- hydrocortisone

Good Practice

- Verbal consent
- Write that have explained adverse effects
- Write what you have injected and where
- Clean skin with swab
- Allow skin to dry completely
- No touch technique
- Drain effusions first if present
- If in doubt, do NOT inject
- Advise 24 hours rest post injection

Needle Choice

- Depends on joint and size of patient
- Large joints
 - Green/blue
- Small joints/soft tissue/superficial
 - Blue/orange

Practical

- Please practice in small groups using mannequins provided.
- I will show anatomical sites for injection

Adverse Effects

- Post injection flare in pain
- Subcutaneous fat atrophy
- Skin depigmentation
- More risk with superficial infections and stronger steroid preparations
- Infection rare
- Tendon rupture rare

