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