

Intra-articular/ Joint Injections

Patient Information

What is an Intra-articular Injection?

A common cause of a painful joint is synovitis (inflammation of the lining of the joint). Injecting a mixture of local anaesthetic and cortisone directly into the joint can sometimes be helpful to reduce inflammation and provide pain relief.

This procedure is most often used in the shoulder, hip or knee, but may be helpful in other joints.

Ultrasound guidance is used to ensure the needle is placed into the joint itself to increase the chance of effectiveness.

What happens during an Intra-articular Injection?

Technique varies depending on the joint being injected, but you can expect the following:

You will either sit or lie on the scanning bed and both your skin and the ultrasound probe will be cleaned with an antiseptic solution to maintain a sterile technique. A preliminary scan will then be performed to locate the exact point to be injected.

With the guidance of ultrasound, the needle is placed into the joint and a combination of long-acting local anaesthetic and cortisone will be used. This combination is used to minimise pain, however depending on the area being treated you may experience some discomfort.

Procedure times vary, but generally take between 15 and 30 minutes.

Following the injection, a simple sterile dressing is placed over the site and you will be able to leave the practice within a very short time. However you must have someone to drive you home.

What are the risks of an Intra-articular Injection?

This is a very safe procedure with very few risks. These risks will be discussed with you prior to your procedure.

You may experience pain at the injection site. This soreness may last for 2-3 days after the injection, but may be relieved with ice and Paracetamol. If the pain becomes much worse in the days following the injection you should contact your referring doctor.

Although a sterile technique is used, the procedure does carry a risk of infection of between 1 in 20,000 and 1 in 75,000. The procedure will not be performed if there is broken skin or infection overlying the joint.

Rarely, people are allergic to the injected medication. This is very uncommon but you should advise the Radiologist of any allergies you may have prior to the injection.

If the steroid is not injected solely into the joint, there is a risk of damage to the soft tissues at the injection site, including atrophy of the skin or subcutaneous fat and rupture or weakness of the tendons around the joint.

Are there post-procedure instructions?

You must have a driver with you on the day. You will need to rest the area as much as possible for the first day or two, followed by only light activities for the next week. The Radiologist will discuss this with you at the time of the procedure, and a medical certificate can be organised if required.

Information is from Inside Radiology, Royal Australian and New Zealand College of Radiology (RANZCR)