

Ultrasound (US) Guided Injections

Information for patients



What is this leaflet about?

This leaflet will provide you with information about injection(s) performed under ultrasound guidance; these can also be called image guided injections or guided injections.

What are ultrasound guided injections?

These are guided injections using ultrasound to help the radiologist to place a needle into the correct location. You will be given a local anaesthetic, similar to the numbing injection you might have had at the dentist, to help numb the area before the needle is inserted.

Why do I need this?

The surgeon, physician or specialist physiotherapist who has referred you has decided that a guided injection is the best method for diagnosis and/or treatment of your symptoms. This should have been discussed with you.

If you are not sure this is the correct treatment for you, you should discuss this with your surgeon, physician or specialist physiotherapist.

Preparation

You do not need to stop eating or drinking before this procedure and you can continue to eat and drink as normal.

You should wear loose fitting clothing. For shoulder injections it is advisable to wear a top with straps i.e. vest top or similar.

If you are taking medication that thins the blood, you do **not** need to stop these, but please tell the staff performing the injection what you take.

What happens when you arrive for your guided injection?

When you arrive, please check in at the X-Ray reception desk; staff there will tell you where to sit. You will be called to the procedure room by a member of staff. Once in the room they will discuss the procedure with you. You may need to change into a theatre gown for some procedures; otherwise, you may need to remove items of clothing at the area of injection. It is advisable to wear a top with straps i.e. vest top or similar for shoulder injections, and shorts or similar for hip injections.

The Radiologist will ask for verbal consent for the procedure.

About ultrasound guided injections

The procedure will involve either sitting or lying on the ultrasound couch or chair. You will be awake throughout the procedure.

The injections are performed using a sterile procedure. The radiologist carrying out the procedure may do an initial scan (using ultrasound) to help mark out the area to be injected. The skin is cleansed using an antiseptic solution or wipe. Local anaesthetic is injected to numb the skin, then using ultrasound, the needle is guided into position and the injection is performed.

The injection often involves a mixture of local anaesthetic and a steroid (a long acting corticosteroid), which is an anti inflammatory medicine. In some cases the radiologist will also do 'needling' ('barbotage') where the needle is pushed in and out multiple times to make small holes in the tendon or calcium deposit.

How long will I be in hospital/clinic?

The procedure takes about 10 to 20 minutes and you can go home immediately afterwards. It is advised that you do not drive after the procedure for about six hours.

In some cases there may be a delay in taking you for your appointment, especially if staff are dealing with an emergency or unwell patient. If you have waited for more than 30 minutes after your appointment time, please inform the reception desk.

Immediate aftercare

You may find that the area injected feels numb or heavy- this is normal and is caused by the local anaesthetic. This takes between 1 and 4 hours to wear off.

Going home

There are no special requirements for going home after this procedure. It is advised that you bring along someone to drive you home after the procedure, as we would advise you do not drive or 'operate heavy machinery' for at least 6 hours after the procedure.

Follow-up care

The results of this injection will be sent to the surgeon, physician or specialist physiotherapist that referred you. Your GP will also be sent a copy of the results. If you have been asked by your referring surgeon, physician or specialist physiotherapist to keep a pain diary it is important to complete it.

What are the risks of the procedure?

Some side effects (complications) are common to all injections:

- Pain, discomfort, bleeding, bruising to injection site
- Steroid flare – this is increased pain (sometimes severe) usually 24 hours following a steroid injection. It usually lasts 24 – 48 hours. It is a normal side effect of the procedure and does not mean anything has gone wrong. You may need to take your normal pain killers. If the pain lasts for more than 3 days you should contact your GP
- Joint infection – there is a very low risk of joint infection from this procedure. If your joint becomes swollen, painful and red, or you feel unwell and feverish, then you must seek medical attention immediately.
- Skin depigmentation – this is whitening of the skin at the injection site. This is not common.

- Skin thinning – steroid injections can cause thinning of fat at the injection site, which can cause pain at some areas.
- Weakening of the tendons – steroid injections into or around tendons may weaken them.
- Allergic reaction – such as rash or itching.
- Post menopausal bleeding – steroids may cause post-menopausal bleeding in some people.
- Raised blood sugar – steroids may cause the blood sugar levels to rise. If you are diabetic you will need to monitor your blood sugars closely.
- Rapidly Progressive Osteoarthritis (RPOA) - Can affect up-to 6% of people who have a steroid joint injection. This causes joint cartilage to break down faster and you may go on to have worsening symptoms and require additional treatments such as joint replacement more quickly.

If you are concerned about whether or not to proceed with the injection, you should discuss this with the surgeon, physician or specialist physiotherapist who referred you.

Back to normal life

You can resume your normal activities immediately after the procedure. There is a small risk that the tendons are weaker for the first two weeks after the injection, you should avoid heavy lifting or strenuous exercise during this time.

You may have been given instructions by the surgeon, physician or specialist physiotherapist who referred you, please follow those.

Any more questions?

Please contact the surgeon, physician or specialist physiotherapist who referred you.

Cancellation

While we make every effort to avoid this where possible, there is always a risk that your injection may be cancelled at short notice. This is due to either emergency patients who need urgent treatment or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your injection is postponed, you will be offered a new date as soon as possible.

Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public transport and travel information

Bus details are available from:

Lothian Buses on 0131 555 6363 or www.lothianbuses.co.uk

Traveline Scotland on 08712 002 233 or www.travelinescotland.com

Train details are available from:

National Rail Enquiries on 03457 484 950 or www.nationalrail.co.uk

Patient transport

Patient transport will only be made available if you have a medical or clinical need. Telephone 0300 123 1236 (calls charged at local rate) up to 28 days in advance to book, making sure you have your CHI Number available. A text relay service is available if you are hard of hearing or speech impaired. They can be contacted on: 18001-0300 123 1236 (calls charged at local rate). To cancel patient transport, you should telephone 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in-patient, staff will arrange interpreting support for you before your procedure. This leaflet may be made available in a larger print, Braille or your community language.

Supporting positive conversations

NHS Lothian supports person-centred care, and encourages patients to be involved in making decisions about their healthcare. It is important that you have a clear understanding of the care and treatment options available, and the risks and benefits specific to you, before you consent to treatment.

This leaflet contains general information about your care and treatment. If you have any further questions, you are encouraged to discuss these with the healthcare professional who is providing your care.

You may wish to ask:

- What are the benefits to me of receiving this treatment?
- What are the risks to me of receiving this treatment?
- Are there any alternative treatments which might be suitable for me?
- What might happen to me if I decide to do nothing?

