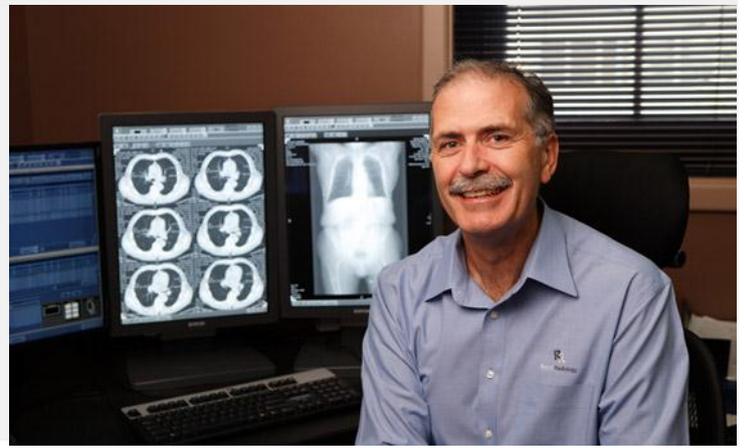


Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ AM / PM

Appointment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## JOINT INJECTION PATIENT INFORMATION

### What is a Joint injection?

A joint injection is a procedure whereby a mixture of steroid and local anaesthetic is injected into the joint under ultrasound or imaging guidance. The injection can relieve symptoms by reducing inflammation in the joint.

Joint injections are often requested to relieve the ongoing pain or discomfort that patient's experience. The injection contains a mixture of steroid and local anaesthetic which serves as a strong locally acting anti-inflammatory.

### Is there any preparation involved?

There is no fasting required.

### Can I take my medication as normal?

All medications can be taken as normal.

**Before your procedure please let the radiographer or sonographer know if you are, or think you may be pregnant.**

### What will happen during the examination?

You may be asked to change into a hospital gown. The radiologist (specialist doctor who performs and reports on the examination) will talk to you about the injection that you are having and will explain any risks involved. The radiologist with the help of a radiographer or sonographer (person who takes x-rays or performs the ultrasound scan) will use imaging guidance (fluoroscopy, CT or ultrasound) to guide the needle into the correct position and inject the site as requested.

### How long will the examination take?

The procedure will usually take 30-45 minutes.

### Please Note:

#### Please bring the following to your appointment:

- Request form (if referral from GP / Specialist)
- Medicare Card
- Any relevant previous x-rays

#### Obtaining your results:

Your images will be processed and then reported by a Radiologist. A copy of the report will be sent back to the doctor / specialist who referred you for the examination.

You will need to follow up the results of your examination with your referring doctor / specialist.

#### Repatriation General Hospital

Daws Road, Daw Park, South Australia 5041

Ph: 8275 1906 | F: 8275 1116

www.repatradiology.com.au | repat.radiology@health.sa.gov.au

Opening Hours: Monday—Friday, 8.30am—5pm

## JOINT INJECTION PATIENT INFORMATION

### Are there any risks?

With any injection there is a very small risk of *infection*. We reduce this risk by using sterile disposable equipment and standard aseptic technique.

There is small risk of *bleeding or bruising* around the injection site.

There is a small risk of *allergic reaction* with any medication. Before your procedure you will be asked about any allergies that you may have.

### What happens after the procedure?

You will be encouraged to stay in the department for about 30 mins following your injection to ensure you are fully recovered before you leave.

On leaving the department, if you notice any local reaction, tenderness, swelling or soreness of the area injected please contact your referring doctor.

The day after the steroid injection, some patients experience a short term side effect of facial flushing with a warm sensation.

If you are a diabetic you may experience a rise in your Blood Sugar Level (BSL) for a few days after receiving a steroid injection, please monitor these levels carefully and seek advice from your GP if concerned.

### When will I notice the effect of the injection?

The *local anaesthetic* generally takes effect immediately after the injection. This will usually last for a few hours. The *steroid* generally takes between two to seven days to take effect, so you may experience a time before the steroid takes effect where you have no relief, and it may be necessary to take some pain relief during this time.

The relief that you experience can vary widely between patients.

### Can I drive after the procedure?

Please check with reception staff when making your booking for advice regarding driving home after your injection, as this will depend on the area being injected.

### Who can I contact if I am not sure about something?

If you have any questions at all, please do not hesitate to contact our reception staff on **8275 1906** and they will assist with your questions, or direct you to the most appropriate staff member to assist you.

V1 Created Dec 2015, Revised Sept 16 (Review Sept 19)

### Questions?

Please feel free to call us on 82751906 for any questions before or after the procedure and you will be directed to the appropriate health care professional.

### Where can I park?

You may park your car on Daws Road, or in the "Clinics" outpatients car park, this is the first entrance on the left off Daws Road. Follow the walkway to Repat Radiology, it is well signposted.

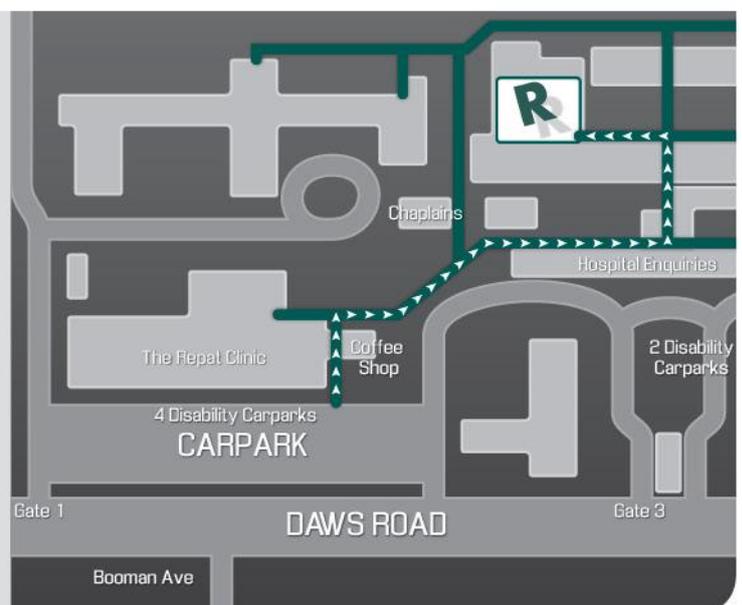
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# /// PATIENT CONSENT FORM

Surname:
Given name(s):
Date of birth:
Sex:
MRN:

I \_\_\_\_\_ have been given the **Joint Injection Patient Information Sheet**.

I have read or have had read to me the patient information sheet and consent to have the procedure.

- I have been informed of the risks and benefits of this procedure.
- I was able to ask questions and raise any concerns about the proposed procedure. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form.

My signature below is evidence that I give my consent to have this medical procedure performed.

Patient Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Radiologist/delegate statement**

I have explained to the patient the proposed procedure and confirm that the above named patient has read or has had read to them and understands the patient information sheet. The patient has consented to proceed with the procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Designation: \_\_\_\_\_

**Additional information discussed with patient:**