Sussex MSK Partnership Central

NHS

Joint Injections in primary Care

Workshop – July 2017

Sussex MSK Partnership

Tutors

- Giles Hazan – GPwSI MSK, Primary Care Lead SMSK
- Jim Rehill – GP & Primary Care Lead SMSK
- Rachel Hughes – Advanced Practitioner
- Stuart Osborne - Advanced Practitioner
- Clare Wright - Advanced Practitioner
- Sarah Bell - Advanced Practitioner

PROGRAMME

Time

13.00-13.30 REGISTRATION & LUNCH

13.30-14.40 INTRODUCTION – SAFETY & CONSENT

- SHOULDER INJECTIONS - INDICATIONS & TECHNIQUE
- KNEE INJECTIONS - INDICATIONS & TECHNIQUE
- HAND & WRIST INJECTIONS **-** INDICATIONS & TECHNIQUE

COFFEE

15.00-16.50

- SHOULDER EXAMINATION & INJECTION PRACTICAL
- KNEE EXAMINATION & INJECTION PRACTICAL
- HAND/WRIST EXAMINATION & INJECTION PRACTICAL

16.50-17.00 FEEDBACK/CERTIFICATES

Contraindications

- Previous Allergy to injection
- Fracture/unstable joint
- Injection into a prosthetic joint
- Uncontrolled coagulopathy
- Ulceration/rash/Infection on skin at injection site
- Injecting into an infected joint or systemic infection
- Injection in the first 16 weeks pregnancy
- Active Psychosis

Risks/Complications

- Lipodystrophy
- Loss of skin pigment
- Infection – rare 1:3000-1:50,000 down to 1:2000 in immunosuppressed patients
- Post injection flare
- Facial Flushing (24-72hrs, women>men)
- Altered diabetic control
- Menstrual irregularities
- Fainting

Anticoagulation

- WARFARIN: The INR is suggested to be within the therapeutic range and below 4.5 (some suggest below 3)

- NOACs: Newer anticoagulants such as Rivaroxaban and Dagibatran do not need to be stopped but its worth avoiding the time of peak drug activity e.g. for Rivaroxaban this is 2-4 hrs after the last dose.

Consent & Follow Up

- Whilst it may not be medico-legally necessary in England to have a signed consent form it is advised that this should be seen as an adjunct to the clear and sufficient documentation of the discussion of the procedure (including justification and risks) in the notes.
- There is formal guidance available from the GMC and your medical defence organisation may have further information to support you with this.
- It would be of value to audit your injection outcomes to aid future case selection & Appraisal.
- http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp

Top 10 tips

1. Have a clear **clinical diagnosis** or diagnostic question in mind before injecting.

2. Tell patients about common **side effects** and also rare but serious side-effects (see leaflet in appendices)

3. Advise patients of the likely **time frame** for improvement and the possibility of short term increase in pain.

4. **Position** yourself and the patient so that you are both comfortable during the procedure

5. Use a good **'no touch' technique** for the procedure

6. Have **medication & equipment** available to manage the rare cases of anaphylaxis

7. Have another person available in the clinic in case **help** is needed.

8. Ask the patient to **wait** for about 20-30 minutes before leaving the Clinic

9. **Document** well in your notes - dose, medications, result and any complications (for consent form-see appendices)

10. Consider using a follow up **feedback** form and audit outcomes to guide your case selection.