

The Pain Clinic - Patient Information - Joint Injections with Ostenil

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Why do I need this injection ?

- Your doctor thinks that you have pain coming from one or more of your joints.
- The affected joints may be swollen, stiff, and painful.
- You may have had tests like x-rays which help to confirm the diagnosis, or the diagnosis may have been made solely on the history and examination findings.
- When the source of the pain is uncertain, a diagnostic local anaesthetic / steroid (triamcinolone) joint injection is done first to help clarify the situation. Those with a good response to this test injection will then proceed to treatment with Ostenil.
- Painful joints often have the following characteristics:-
 - Poor lubrication due to low hyaluronic acid levels,
 - Painful movements due to an increased level of inflammatory substances called prostaglandins,
 - Reduced cartilage depth on joint load bearing surfaces.
- Injecting Ostenil (a form of hyaluronic acid) into the joint on several occasions can:-
 - Improve the viscosity of the synovial (lubricating) fluid.
 - Reduce pain and swelling within the joint.
 - Increase the articular cartilage depth on load bearing surfaces.
- The technique of supplementing the hyaluronic acid levels in a joint is called **Viscosupplementation**.

How are the injections given ?

Question	Answer
Is the treatment done as a day case ?	Yes
Is a hospital in-patient bed needed ?	No
Is a driver required to take me home afterwards ?	No
Does the treatment require x-ray guidance ?	Sometimes
Do I need to fast for 4 hrs before hand ?	No
Can I take my normal medications with sip of water ?	Yes
If I am diabetic - do I need separate instructions ?	No
Is an intravenous cannula needed for this treatment ?	No
Is intravenous sedation needed for this treatment ?	No

- The area around the joint is prepared with anti-septic solution, and the injection done under aseptic conditions.
- An area of skin and the tissues underneath are numbed with some local anaesthetic - this may sting a little.
- A needle is inserted into the joint space, the Ostenil injected, and then the needle is withdrawn. The whole procedure should only take 2 -3 minutes depending upon which joint is being treated.
- Large joints (shoulder, hip, knee) require 3 - 5 x Ostenil 20 mg treatments done over several weeks.
- Smaller joints (elbow, wrist, ankle) require 1 - 3 x Ostenil 10 mg treatments done over several weeks.
- X-ray guidance is required when treating the shoulder, hip, and ankle - it is not required for the wrist and knee.
- When x-ray guidance is used, a small amount of radio-opaque dye is injected in to the joint first (arthrogram) to check that the needle is in the correct position before injecting the Ostenil.

When will I know whether the treatment is working ?

- For large joints (knee, hip, shoulder, ankle) you may not notice an effect until you have completed the third treatment.
- For smaller joints (wrist) the pain relieving effect may be noticeable quite quickly.

How long will the pain relief last for ?

- It is not possible to answer this question on an individual basis.
- In general patients with mild to moderate osteoarthritis see improvements lasting 6 - 12 months.
- However, those with severe destructive osteoarthritis may not notice any improvement at all.
- In those where there has been a noticeable improvement, the course of injections may be repeated 9 - 12 months later.
- There is no information about how many times the treatment can be repeated, but generally this is limited to 2 courses.

What happens after the injection ?

- You may notice some redness and warmth in the joint after an injection. This occurs much less commonly with Ostenil than with some of the other preparations.
- You may continue with your normal everyday activities, but strenuous use of the joint should be avoided for 1 week.

What are the side effects of the treatment ?

- Bruising and soreness at the site of injection which usually settles in a few days. This may be more frequent when patients are taking blood thinners like aspirin and warfarin.
- Temporary pain and stiffness when bending the joint which usually settles in a few days.

What are the risks and complications of the treatment ?

- The commonest complication would be that the treatment did not help the joint pain. The causes of this includes incorrect placement of the Ostenil, the source of the pain not from within the joint, and severe destructive osteoarthritis.
- Worse pain. This would be very unusual but possible. One cause would be an allergic reaction to Ostenil. Further injections should therefore be deferred.
- Bleeding and haemorrhage into the joint is unusual in those with normal clotting function. Higher risk for those taking blood thinners like aspirin and warfarin.
- Infection of the joint can cause a septic arthritis. It can be minimised by performing the procedure under sterile conditions. Sometimes infection can spread through the blood to the joint space from other distant sites. The injection should therefore not be done when there is overt infection elsewhere in the body. Diabetics are more prone to staphylococcal infections generally. A septic arthritis is treated with joint aspiration and antibiotics under the care of an orthopaedic surgeon.

Should you have any further questions, then please discuss them with your doctor prior to starting the treatment.

For more information please go to www.PainClinic.org