Steroid Joint Injection

What is a joint injection?
A common cause of a painful joint is synovitis (inflammation of the lining of the joint). It can be useful to inject corticosteroid and/or local anaesthetic medication directly into the joint or the soft tissue next to a joint (this is often called a bursa) to reduce the inflammation and provide pain relief. Reduction in pain may make physical therapy more effective.
This procedure is most often used in the shoulder, knee, or hip but may also be helpful in other joints.

To make sure the injection goes into the joint itself where it has a better chance of working, the needle for the injection is guided by imaging, most often by an ultrasound or X-ray.

Sometimes it can be difficult for your doctor to know exactly what is causing your joint pain. If the pain is not due mainly to joint inflammation, the injection may not improve your symptoms. Although this may be disappointing to you, it can be helpful information for your doctor as it means that another cause of the joint pain needs to be considered.

Procedure
The joint injection is most commonly performed using ultrasound to guide the injection. The exact technique varies depending on the joint to be injected and the radiologist (specialist doctor) who performs the injection.

Generally a preliminary scan will be performed to locate the exact point to be injected, which may be marked on your skin. The skin will then be cleaned with an antiseptic solution to prevent infection.

A needle will then be placed into the joint either at the point marked on your skin or using the ultrasound to see the tip of the needle as it moves into the joint or bursa. Sometimes the radiologist may remove some fluid from the joint for analysis before injecting usually a mix of steroid and/or local anaesthetic into the joint or bursa.

Bakers Cyst Aspiration
Popliteal or Baker cysts are a common source of knee pain. With an incidence ranging from 10% to 58%, they are considered the most common mass in the popliteal fossa. An Interventional Radiologist can drain the cyst using ultrasound to guide a drainage needle. Significant clinical improvement in patients with symptomatic Baker cysts can be achieved with ultrasound-guided drainage as the sole treatment.