Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Intra Articular Hip Injection

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Intra Articular Hip Injection

Patient Information

Musculoskeletal (MSK) Department

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Introduction

On behalf of the orthopaedic team we would like to wish you a warm welcome to Wrightington Specialist Orthopaedic Hospital.

This information booklet aims to answer any questions you may have about undergoing an injection of therapeutic substance into the hip joint at our hospital. The booklet also aims to describe what you can expect during and after the procedure.

We understand that you may feel nervous about the procedure, but our orthopaedic team will answer any questions you may have. Please do not hesitate to ask any member of the team if you have any queries, concerns or are in need of guidance.

You will likely be at the hospital for a minimum of two hours. You will encounter a lot of orthopaedic staff. Everyone works together to make your experience as pleasant as possible whilst maintaining the highest quality of standards and care.

The Team

- Consultant Surgeon
- Orthopaedic Fellows, Registrars and Junior Doctors
- Advanced Orthopaedic Practitioners
- X-ray staff
- Ward Nurses

- Theatre Staff

What is an intra-articular hip injection?

An intra-articular hip injection is an injection of a steroid (synthetic cortisone), local anaesthetic or a combination of both medications directly into the hip joint.

Steroid refers to a category of man-made steroids that mimic the effect of cortisol, a hormone produced in the body.

Steroid injections are used to reduce inflammation of tissue, which in turn reduces the swelling and pain in the joint. The effect of the steroid injection may not occur immediately and can take a number of days or weeks before the pain relieving benefit is felt.

In some cases a local anaesthetic may be used; this has the effect of blocking the nerve supply to the area, causing a numb painless sensation to occur. The benefit can be felt within 20-30 minutes of the injection being given. Local anaesthetics will only have a temporary effect.

A steroid or local anaesthetic or a combination of both can be used. This will be discussed with you beforehand by a member of the Orthopaedic team.

Purpose of hip joint injections

In general, patients receive hip injections for one of two reasons; to treat a condition or to assist with accurate diagnosis. Changes within the hip joint, for example arthritis, damage to cartilage or labral tears can lead to inflammation. This inflammation is a cause of pain. An injection of steroid can reduce this inflammation thereby leading to a reduction in pain.

Joint injections may be advised:

- If painkillers in tablet form are not controlling pain
- As part of a diagnostic plan: by placing numbing medication (local anaesthetic)into the hip joint, the amount of pain relief experienced can help confirm a diagnosis.

Alternative treatments

The alternative to having an injection is to continue with your current treatment including pain relieving medication, physiotherapy and behaviour modification.

Benefits

The temporary pain relief from a hip injection helps:

- Treat an arthritic flare up
- Participation in physiotherapy
- Delay the need for surgery
- Confirm a diagnosis

Risks

As with all procedures there is a risk of complications, some are minor, but in rare cases can be serious and life threatening.

Complications specific to this procedure include:

- infection (occurs in less than 1 per 15.000 injections)
- nerve or blood vessel damage
- worsening of pain which can be short lived or prolonged
- allergic reaction to medications used
- bruising at injection site
- Leg muscle weakness or numbness may occur due to the local anaesthetic affecting the nerves that control your leg. This is temporary and will resolve.
- Temporary facial flushing

Some patients may feel dizzy following the procedure due to a temporary drop in blood pressure.

Mild discomfort may be felt at the injection site.

If you have diabetes your blood sugar may go up for a few days so it is advisable to monitor your blood sugar level regularly following an injection.

If you have high blood pressure your blood pressure may go up for a few days.

A member of the consultant's team will discuss the risks involved with you. If you are worried or unsure about any part of the procedure or your care, do not hesitate to discuss with a member of the healthcare team.

The procedure

On arrival you will be asked some questions by the nursing staff as you are admitted to the ward. You will then be seen by the Practitioner or Doctor carrying out the procedure who will discuss the procedure with you. You will be asked to sign a consent form and a small arrow is drawn close to the injection site.

The injection may take place in the Treatment room, in the Operating Theatre or in the x-ray department; this will be at the discretion of the Consultant team. X rays will be taken during the procedure.

The injection itself only takes a few minutes, but the overall procedure will take approximately 10 minutes. The Practitioner or Doctor will use x ray guidance (fluoroscopy)

to direct a needle into the hip joint. Placement of the needle is then confirmed with the use of a contrast dye. Once proper placement is confirmed the injection solution is slowly administered. A small dressing will be applied to the area.

Once the procedure is completed you will return to the ward, the nursing staff will monitor you for approximately 20-30 minutes. You will then be discharged from the ward with an advice leaflet.

You will be unable to drive home after the procedure so it will be necessary for you to make arrangements for transport home.

It is advisable to avoid exercise involving the joint for 24 hours following the procedure.

It is advisable to continue to take pain relieving tablets until the injection begins to take effect. The injection is not a cure for the pain felt. The degree of pain relief and the length of time it lasts vary from person to person. After a period of time has elapsed an injection may be repeated, this decision is at the discretion of the consultant team.

Follow up

Arrangements will be made for you to receive a telephone call or an appointment to attend the Out Patients Department to discuss the effect of the injection. It can be helpful to keep a diary of your symptoms following the procedure to discuss in clinic.



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