

Minimize Your Overall Pain. Maximize Your Functional Gain.

Many people have degenerative joint disease, also known as osteoarthritis. Normal "wear and tear", as well as excessive body weight, contribute to joint deterioration. Infection, trauma, gout and rheumatoid disease also cause joint damage. Knee joint pain is a common problem in many people. Many treatment options exist to treat pain in the knee, including intra-articular steroid joint injections. Many joints, including the knee, are lined with cartilage and have menisci to cushion day to day stresses caused by weight bearing. Each joint is surrounded by a capsule and is covered by bursae that help it to move freely. Synovial fluid fills each joint, helping maintain unrestricted movement. Damaged, inflamed cartilage and causes inflammatory pain. Joint injections help this pain by reducing inflammation and improving movement. Joints that remain inflamed, painful and less used can scar and contract.

Blue Ridge Pain Treatment Centers Mission:

Our mission is to provide exceptional treatment with the use of state of the art technology as well as compassion and understanding. We strive to effectively manage pain so our patients are able to lead a more productive lifestyle. Our medical staff is committed to ensuring patients' needs are met and educating them in their own recovery.



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X-Ray Guided Joint Injection

Don't live with the pain. Treat it.

What are X-Ray Guided Joint Injections?

An X-Ray Guided Joint Injection is the placement of medicine into a joint via a syringe using an fluoroscope to guide the needle. This is done to treat and inflammation in the joint, to improve its function. Local anesthetic and steroid medications are injected into the joint. The first provides pain relief, the second reduces or takes away inflammation, and also helps pain.

What is the purpose of X-Ray Guided Joint Injections?

By placing local anesthetic, “numbing” medication into the joint, if significant pain relief results, one can conclude that the joint is a likely source of pain. Therefore, joint injections can be used to diagnose sources of pain. In addition, using both local anesthetic and steroid, long lasting pain relief and decreased swelling can be achieved. This can result in both improved joint function and overall well being.

How is the procedure done?

It is done with the patient positioned so that the joint to be injected is in the focus beam of the fluoroscope (x-ray). Antiseptic solution is applied on the skin over the joint to be injected, and then after performing additional xray imaging of the joint, a needle is place with local anesthetic. X-ray contrast is then injected to confirm the needle is in the joint space and then the joint is injected with long-acting local anesthetic and steroid. The needle is then removed and a bandage is placed over the the puncture site.

What to expect after the procedure?

Immediately after the injection, you may feel that your pain may be gone or much less. This is due to the local anesthetic injected. This may last only for a few hours, but may last much longer. In many patients, the next day the joint will be sore and may remain so for a day or two. This is due to the mechanical process of needle insertion as well as initial irritation form the steroid itself. Most note significant pain relief 1 to 2 weeks after injection. Warm compresses minimize post procedure soreness.

How to prepare for this procedure?

Non-Insulin Dependent Diabetic patients that use METFORMIN, or any medication containing it, must stop this drug the day of the procedure and must NOT take it for 48 hours afterward. Glucophage is a common brandname of this drug. Diabetic patient’s should expect a possible rise in their blood sugar and may need to take either an additional dose of their diabetes medication (NOT METFORMIN), or get INSULIN. This needs to be coordinated with their PCP before the procedure.

What are the risks associated with X-Ray Guided Joint Injections?

The most common side effect is pain which is temporary. Complications include infection of the joint, increased swelling, bleeding and bruising. Other risks are related to the side effects of steroid. These include increase in blood sugar (mainly in diabetics), water retention and suppression of body’s own natural production of steroids. With very frequent steroid use, weight gain, skin thinning, bone loss and accelerated atherosclerosis can occur. Serious procedure complications are uncommon.

