



Joint injections or aspirations (taking fluid out of a joint) are performed in an office or hospital setting, often with a cold spray or other local anesthesia. After the skin surface is thoroughly cleaned, the joint is entered with a needle attached to a syringe. At this point, either joint fluid can be obtained (aspirated) and used for appropriate laboratory testing or medications can be injected into the joint space. This technique also applies to injections into a bursa or tendon sheath to treat bursitis and tendonitis, respectively.

Carl Willeford, Jr., MSN, FNP-C, will thoroughly discuss with you any diagnosis' or needs there may be for a joint injection.

Commonly injected joints include the knee, shoulder, ankle, elbow, wrist, base of the thumb, and small joints of the hands and feet. Hip joint injection may require the aid of an ultrasound or X-ray called fluoroscopy for guidance. Some small joints may also be more easily aspirated or injected with aid of ultrasound.

Fast Facts from the American College of Rheumatology:

- Joint aspiration is used in a physician office to take out the joint fluid from a swelling joint.
- Joint injection is used to put the medications into the joint.
- Aspirated joint fluid can help your physician diagnose the cause of the swelling joint.
- Joint injection with medication can provide relief for the pain and swelling in the joint.
- The risks for joint aspirations and injections are minimal. Infection, bleeding, and other major risks are rare.

(Source: <https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Treatments/Joint-Injection-Aspiration>)