



1- Identification and description of the procedure

Articular infiltration is a clinical technique involving injection of analgesic and anti inflammatory substances into the joint.

Because a window is opened up in the articular space, sterilise instruments are used to avoid infection. The most frequently treated joints are knee and shoulder.

Following treatment, 24-48 hours' rest is required.

With these kinds of infiltrations a corticoid (powerful anti inflammatory) is injected in isolation or jointly with local anaesthetic.

2- Purpose of the procedure and benefits that are expected to be achieved

The purpose of this technique is to relieve pain and inflammation, thus enhancing or reinstating patient's normal functional capacity. This is often required to improve such ailments and thus continue with a rehab regime.

3- Reasonable alternatives to this procedure

Oral or intramuscular analgesic-anti inflammatory drugs can be used for the same purposes, provided there are no allergies or contraindications in their usage. Certain electrotherapeutic techniques can also be indicated in some cases and subject to specialist physician's discretion.

Depending on each case, cooling or warming and resting the area can be effective in controlling symptoms.

4- Foreseeable consequences of procedure

Reduction or disappearance of inflammatory phenomena and pain, thus enabling resumption of normal personal activity or work. Sometimes it will allow us to continue developing the rest of the rehab regime.

5- Foreseeable consequences of not performing the procedure

In addition to persistence of pain and functional disability, can lead to deterioration of joint cartilage secondary to inflammation itself.

6- Frequent risks

Articular infiltration can trigger local reactions such as reddening and pain. Slight and transitory redness in face is commonplace.

Corticoid side effects can occur (rise in glycaemia, blood pressure, subcutaneous tissue atrophy).

7- Infrequent risks

Allergic reactions can occur (from minor cases to death from anaphylactic shock) to any of the injected components, so if it is known before hand that you have any known allergies, you should tell your physician before administration.

In spite of antiseptic precautions, joint infections can occur requiring urgent hospital treatment. Equally there can be internal bleeding in the joint (haemarthros), normally treated by resting, cooling, compression and medication.

8- Risks depending on the patient's clinical situation

This patient should be avoided in patients with coagulation problems (use of anticoagulants, coagulation diseases, etc.). Also contraindicated if there is allergy to any of the components.

To be used carefully in patients with diabetes or high blood pressure.

In any event, if complications occur, use all technical and human means to try to resolve them.

Intraarticular corticoid infiltrations

Declaration of consent

Mr./Mrs./Miss. aged, with home address at.....
....., National Identity No. and SIP number
.....

Mr./Mrs./Miss. aged....., with home address at.....
..... acting in the capacity of (the patient's legal representative, relative or close
friend), with National Identity No.

Hereby declare:

That the Doctorhas explained to me that it is advisable/necessary in my
situation to perform a
.....
and that I have adequately understood the information he/she has given me.

In on, 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr. With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of, 2 and I do not wish
to carry on with the treatment that I hereby terminate on this date.

In on, 2

Signed: The Doctor

Signed: The patient

Associate number:

