INTERVENTIONAL MUSCULOSKELETAL ULTRASOUND. THEORY AND PRACTICE. University Hospital Antwerp (UZA)

US guided techniques in the lower extremity

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TOPICS

Intra articular injections hip, knee, ankle & foot

Soft tissue injections and techniques:

Gluteal tendinopathy –Greater trochanteric Bursa Patella tendinopathy Plantar fasciitis Achilles tendinopathy Ankle tendon sheath injections Mortons neuromas Nerve Blocks Bursae and Ganglia

Intraarticular Injections

OFFICE-BASED SET UP

- High resolution US systems
- High frequency (6-18MHz) linear probes
- Ergonomic probes
- Ergonomic set up for patient positioning
- Trained nurse/helper
- First Aid Equipment











Intraarticular Injections

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PROTOCOL

- Confirm the indication (history, imaging)
- Consent & Complications
- Sterile Conditions
- Aftercare instructions (rehabilitation)
- Follow up (pain diaries-VAS scores)



Checklist

Radiology Procedure Checklist

Procedure:	
Procedure site:	
Date of Procedure:	

Pre Procedure Checks

		-10
Has the patient's ID been checked?		
Has the patient been introduced to the procedural team members?		
Has patient confirmed procedure site and given verbal consent for procedure?		
Is there any possibility that the female patient is pregnam?		
Does the patient have a known allergy e.g. local anaesthetic?		
State allergies		
Are they asthmatic or have any breathing problems?		
Do they have any heart problems e.g. Angina or high blood pressure?		
Are they taking Warfarin or Heparin?		
Is the patient diabetic?	ā	ā
Are they taking metformin or insulin?		
Do they have fits, blackouts or epilepsy?		
Have they ever had liver or kidney failure?	ă	ă
Are they currently taking any antibiotics?		
Is the patient wearing a nicotine patch?		
Has the patient made arrangements so they are not driving after the procedure?		
Has essential imaging been reviewed?		
Are all IRMER requirements met?		
Radiographer/HCA		
Radiologist		
Post Procedure Checks		
Have all pieces of equipment used been accounted for? Have all drugs used been recorded? Have the instructions for post procedural care been given?		

Intra-articular injection HIP

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- longitudinal along the femoral neck
- mark the skin at the site of puncture
- Identify the femoral artery (medial to puncture)
- 5 ml of 1 % Lignocaine subcutaneously
- 22 G spinal needle
- needle obliquely onto the femoral neck





Intra-articular injection KNEE

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Very easy to perform blindly-so WHY US?

Using contrast injection to verify accuracy:

•1/3 of blind knee injections were inaccurate
•US-guided injections by trainee more accurate than the blind by senior rheumatologist (83% versus 66%)



A randomized, double-blind, controlled study of guided corticosteroid injection in patients with inflammatory arthritis. Cunnington J, Arthritis Rheum 2010

Better accuracy than anatomical guidance (95.8% vs 77.8%)

Cunnington J, Arthritis Rheum 2010 Sibbitt et al, J Clin Rheumatol 2011 Sibbitt et al, Scand J Rheumatol, 2012 Bercoff et al, Clin Interv Aging 2012

Intra-articular injection KNEE

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Axial view over Suprapatella pouch

Intra-articular injection ANKLE joint

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LT ANKLE



Avoid artery and tendons,

the needle inserted from distal probe edge parallel to its long axis towards the joint space

Intra-articular injection FOOT

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RT TALONAVICULAR JOINT_

- 23G blue needle
- No local anaesthetic
- May use bend needles
- parallel to transducer
- •1ml steroid and 1 ml anaesthetic



US guided Peritendinous injections

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23G blue needle
May use bend needles
No local anaesthetic
parallel to transducer
1ml steroid and 1-2 ml anaesthetic
AROUND tendon (into the sheath)



Achilles Tendinosis: Therapy





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Dry needling PRP-autologous blood injections Sclerosing/dextrose injections Paratendon stripping/Brisement

High volume Injections

20-40 mls saline Anaesthetic No steroid

OUTCOME (4w) Reduce neovascularization Reduce tendon thickness Improve symptoms

Available online at www.sciencedirect.com

Journal of Science and Medicine in Sport

Journal of Science and Medicine in Sport 13 (2010) 295-298

FR

www.elsevier.com/locate/jsam

Original paper

The short-term effects of high volume image guided injections in resistant non-insertional Achilles tendinopathy

Joel Humphrey^a, Otto Chan^b, Tom Crisp^{a,b}, Nat Padhiar^{a,b}, Dylan Morrissey^a, Richard Twycross-Lewis^a, John King^b, Nicola Maffulli^{a,*}

EUROSON 2013, Stuttgart www.drakonaki.gr



Patella Tendinosis: Therapy

Dry Needling (to stimulate healing response by platelet cascade) +/- steroid, PRP, Tenocyte, sclerosing injections





Sclerosing injections: effective at 2/3 at 44w

Dry needling: effective for mid tendon but not for insertional tendinopathy

Testa V et al, Med Sci sports Exces 1999 Hoksrud et al, Am J Sport Med 2011

Plantar Fasciitis



Be aware of lateral plantar nerve injury

Insert needle from the lateral side

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Dry needling <u>+</u> **steroid** Reduce pain and swelling 4 weeks

McNally et al, Semin MSK Radiol 2010



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Plantar Fasciitis



NERVES Morton's Neuromas

- Transducer along the axis of the metatarsal bones
- Shift across each MTP joint and identify the neuroma
- 23G blue needle with 1ml steroid and 1 ml anaesthetic
- Needle is inserted through the interdigital fold parallel to long axis of transducer
- the needle is visualized at the bottom left side of the US screen



NERVES Peripheral Nerve Blocks







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SOFT TISSUE Ganglia, Bursae Injections













US-guided MSK intervention

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