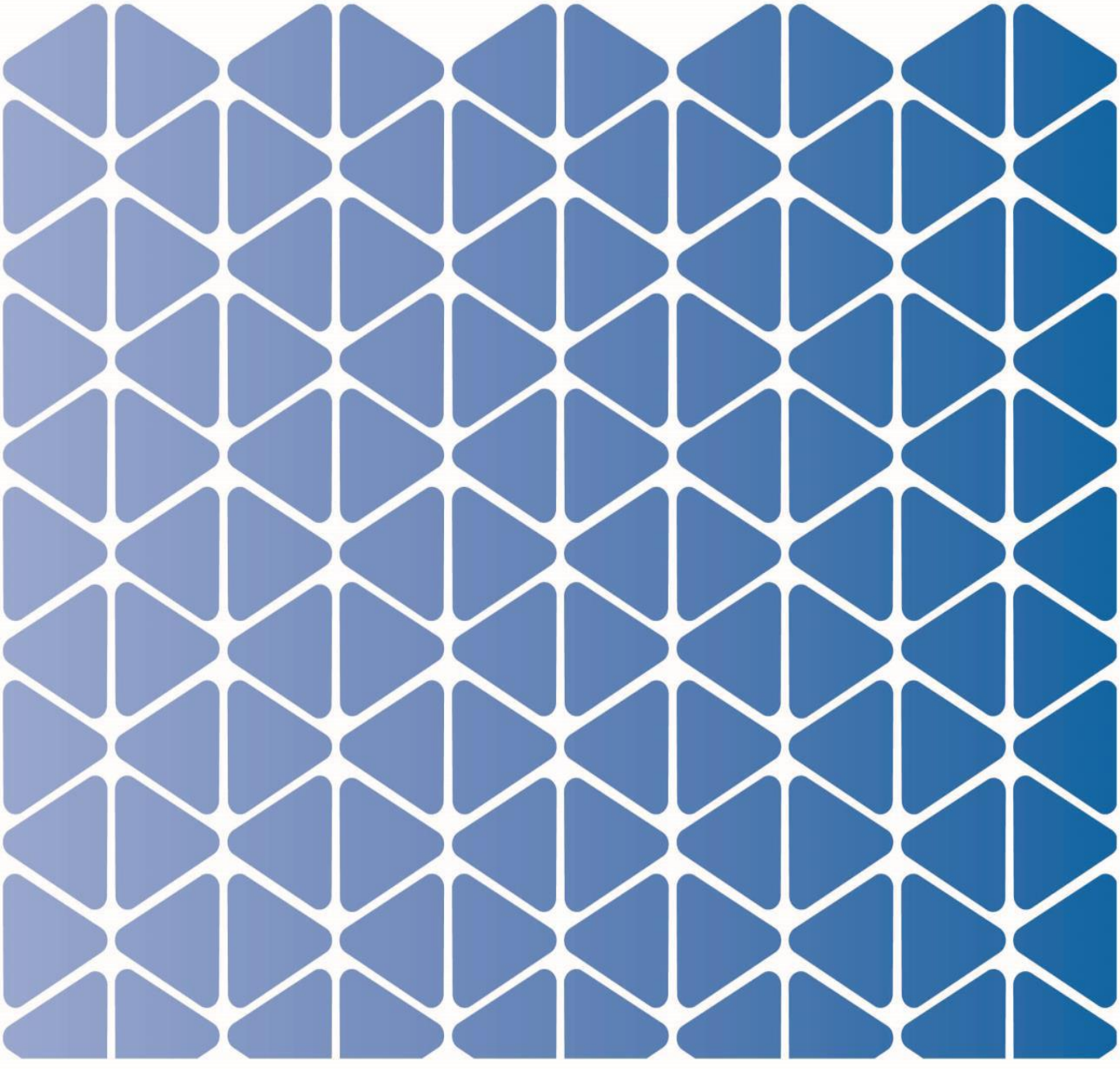
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

IMAGE-GUIDE ARTHROGRAM



About this Procedure.

An arthrogram is an imaging study that has 2 parts:

The first part involves injecting the affected joint with a contrast agent (sometimes called dye) that will allow the joint structures to be more visible during the scan. Imaging equipment is used to assist the radiologist to accurately inject the contrast agent. Ultrasound or X-rays are commonly used for this purpose. Contrast agent is a substance that shows some structures of the body more clearly under imaging.

The second part is the diagnostic scan itself. This will usually be a magnetic resonance imaging (MRI) scan, or exceptionally, could be computerised tomography (CT) scan if MRI is not possible for some reason.

CT imaging is a type of ionising radiation, like an x-ray. MRI uses radio waves and a strong magnetic field instead of ionising radiation. It makes clear and detailed pictures of the body’s organs, joints, ligaments and other tissues.

Intended Benefits of the Procedure

An MRI arthrogram helps your doctor see small tears or other problems in these tissues. Your doctor believes an MRI arthrogram will provide more information about your joint. What you and your doctor learn from this procedure will help guide future treatment. It will also help your doctor keep track of the known problems in your joint.

Serious or Frequent Risks

X-rays are commonly used and generally safe. However, in order to make an informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications of ionising radiation.

X-rays are a type of ionising radiation that can pass through the body. They can't be seen by the naked eye and you can't feel them.

As they pass through the body, the energy from X-rays is absorbed at different rates by different parts of the body. A detector on the other side of the body picks up the X-rays after they've passed through and turns them into an image.

You will be exposed to some X-ray radiation but the amount you receive is low and is not considered to be harmful. The level of exposure will depend on the procedure. After the injection happens, if CT scan is to be undertaken instead of MRI, the amount of exposure to ionising radiation is expected to be higher. Talk to your doctor or radiologist for more information.

Pregnant patients are generally advised not to have X-ray tests as there is a risk that the radiation may harm the unborn baby. If you are or could be pregnant then please tell your doctor or radiographer.

It is also possible to have an allergic reaction to the contrast medium. If you have any known allergy, please inform us. If you experience any itching or difficulty in breathing, tell your radiographer immediately. Medicines are available to treat an allergic reaction. Ask your doctor to explain how these risks apply to you. The exact risks will differ for each person.

Other side effects related to the procedure may include **discomfort** at the injection site, lessened by local anaesthetic.

Infection Risk

There is a tiny risk of introducing an infection into the joint, despite the fact that all procedures are carried out using sterile equipment and aseptic procedure.

Your Normal Medicines

Please let us know if you regularly use **anticoagulants (blood thinners)**, as we may probably discuss a brief discontinuation. You can continue with your other normal medication as usual.

Before the Procedure

It is important that you let us know if you have a localised infection around the region that will be targeted with the injection or if you have sepsis.

If you don’t feel well and have a cough, a cold or any other illness when you are due to come into hospital for your investigation, we will need to know.

Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

On the Day of the Procedure

We will welcome you to the Radiology Department and check your details. We will then take you to the X-ray/Ultrasound room where the Consultant Radiologist who will be carrying out your examination will explain the procedure, answer any queries you may have and confirm your consent.

The test usually takes around 45 minutes but altogether you will be in the Radiology Department for approximately one hour.

You may eat and drink normally on the day of the procedure.

During the Investigation

You will be asked to lie on the Imaging table/Ultrasound couch. The joint to be injected will be located using imaging equipment, usually X-ray or Ultrasound machines will be used. Your skin will be cleaned, and you will be given an injection of local anaesthetic. A needle will then be introduced into the joint and the contrast medium will be injected. This may cause an unusual sensation of fullness, but it should not normally be painful. For your information, we will use a tiny amount of Gadolinium-based contrast solution that is usually used through intravenous route. Its intra-articular injection (inside the joint) is an off-label use, yet widely practised worldwide with no evidence of additional side effects or complications as compared to its approved intravenous route.

After your Investigation

You may also notice that your joint feels ‘spongy’. This is caused by the extra fluid injected into the joint space and will disappear as the fluid naturally disperses in your body. After a local anaesthetic it may take several hours before the feeling comes back into the treated joint. Take special care not to bump or knock the area.

Do not do any strenuous activity for 12 hours after your arthrogram. You should check the injection site for redness, swelling, discharge, heat or worsening pain. If

it’s sore, irritated or swollen then apply ice or a cold pack wrapped in a towel. Do not apply ice directly to your skin as it can damage it. You should only apply ice or a cold pack for 15 minutes at a time, but you can repeat it every four to six hours.

It is normal to have mild discomfort in the affected joint for the first 24 hours after your arthrogram.

If you need pain relief, you can take an over-the counter painkiller such as paracetamol. (Always read the patient information leaflet that comes with your medicine and if you have any questions, ask your pharmacist for advice. These symptoms should not last more than 24 hours after your procedure.)

If any of your symptoms last for more than a few days, it is important that you contact your doctor or the nearest Accident and Emergency department. Your symptoms are not expected to be made much worse than prior to the examination.

A report will be sent to the doctor who requested your procedure; this can take up to 10 working days.

If everything is satisfactory you will be allowed home. It is advisable for someone else to take you home. If you do need to drive, then please ensure that your shoulder movements are back to normal before leaving the hospital or please ask for advice.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Alexandra Radiology Department 01527 512099
- Worcester Royal Hospital 01905 760614
- Kidderminster Treatment Centre 01562 513088

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
  Worcestershire Acute Hospitals NHS Trust
- http://www.patient.info/
  Information fact sheets on health and disease
- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- http://www.nhs.uk/
  Information fact sheets on health from the official NHS website

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.