



Position Statement Australian Rheumatology Association re: intra-articular joint injections and soft-tissue steroid injections (12th June 2011)

AIM:

The purpose of this statement is to comment on current standard practice of intra-articular and soft-tissue steroid injections performed by Rheumatologists in Australia.

PREAMBLE:

Intra-articular and soft tissue steroid injections will be referred to as “injections” in this statement.

Injections are used frequently by Rheumatologists to assist with management of a number of musculo-skeletal conditions. Injections can be effective in controlling symptoms in many conditions and have a low risk of complications including infection.¹ Joint aspiration is also an important procedure for diagnostic purposes for example infection, haemarthrosis and crystal arthritis.

Injections and joint aspiration are performed as a standard office procedure by Rheumatologists. Rheumatologists are trained to perform injections during the course of Physician training.²

A “no touch”, “clean” or “aseptic” technique is used widely both in Australia and internationally, however no standard definition currently exists.^{1,3} Hand preparation with hand washing or use of alcohol, and skin preparation with alcohol appears to be effective preparation for most procedures.³ Use of full surgical gowning, gloves and draping is not standard procedure for injections and would add significant costs to this procedure with no improved outcome for the patient.^{1,3} Use of sterile equipment is essential.¹

Gloves should be worn to protect the operator from coming into contact with body fluids, if at risk, and need not be sterile if a “no touch” technique is utilized.^{1,3}

Joint infection after injection is extremely rare and comparable to sepsis after venepuncture.¹ The current literature does not identify any difference in infection risk in a “clean” technique compared with sterile technique.³

STATEMENT:

The Australian Rheumatology Association (ARA) recognises that injections are important in the management of musculoskeletal conditions including diagnosis and treatment. The ARA note that informed consent is integral to medical treatment. The risks of complications with injection are low. A “no touch” technique is essential. Full surgical sterile procedure is unnecessary.

Bibliography:

1. Courtney, P. and M. Doherty, *Joint aspiration and injection and synovial fluid analysis*. Best practice & research. Clinical rheumatology, 2009. **23**(2): p. 161-192.
2. PREP Advanced Training Program (2009) Royal Australia College of Physicians webpage Accessed June 7th 2011 from <http://www.racp.edu.au/page/specialty/rheumatology>
3. Baima, J. and Z. Isaac, *Clean versus sterile technique for common joint injections: a review from the physiatry perspective*. Current Reviews in Musculoskeletal Medicine, 2008. **1**(2): p. 88-91