At Rady Children’s, we believe parents and guardians can contribute to the success of this procedure and invite you to participate. Please read the following information to learn about the procedure and how you can help.

**Fast Facts About Joint Aspiration Or Joint Injection**

- Joint aspiration is done to remove fluid in the joint; joint injection is done to provide relief from joint pain.
- Often times, joint aspiration and joint injection are done at the same time.
- A pediatric interventional radiologist will do your child’s joint aspiration and/or joint injection.
- Pediatric interventional radiology staff might use sedation medications to help relax children who are unable to remain still for the entire procedure.

**What Is A Joint Aspiration Or Joint Injection?**

A joint is a part in the body where the bones connect to allow bending and movement, such as the knee, elbow, hip, backbone (spine) and skull. Sometimes fluid can form in the joints and cause pain. Joint aspiration (as-per-RAY-shun) is a procedure in which fluid—called synovial (sin-OH-vee-ul) fluid—is removed from the joint or joints where your child has pain. Depending upon your child’s medical condition, your doctor may order a joint injection at the same time as the joint aspiration. Joint injection is a procedure in which medicine (such as a steroid) is injected directly into the joint space. The medicine also should help to reduce your child’s pain. Sometimes the medicine will include contrast (or dye) for arthrography (study of the joints) or magnetic resonance arthrography.

**Procedure Preparation**

- Please bring with you the prescription for the joint aspiration or injection from your child’s primary care physician (PCP). This form was given to you at the appointment with your child’s PCP at which the procedure was ordered.
• You may want to bring along a “comfort” item—such as a favorite stuffed animal or “blankie”—for your child to hold during the procedure.

If your child is having sedation, there are important rules for eating and drinking that must be followed in the hours before the procedure.

• Your child may not have solid foods or milk products up to 8 hours before the scheduled procedure.
• Formula-fed babies may be given formula up to 6 hours before the scheduled procedure.
• Breastfed babies may nurse up to 4 hours before the scheduled procedure.
• Your child may have clear liquids (water, PedialiteTM, and apple juice) up to 2 hours before the scheduled procedure. Your child must not drink anything carbonated.

The Procedure

• The joint aspiration or injection is performed in the Interventional Radiology suite at the Department of Pediatric Radiology of Children’s Hospital. In the Interventional Radiology suite will be a pediatric interventional radiology doctor, who will perform your child’s procedure. Pediatric interventional radiologists are doctors who specialize in performing minimally invasive procedures using images or pictures—such as X-rays, CT scans and ultrasounds—to guide them. Pediatric radiology technologists and nurses will help the doctor.
• Before the joint aspiration or joint injection begins, a nurse or technologist will use an antiseptic (germ-free) solution to clean the skin in the area where the joint will be treated. Your child will be given numbing medicine through a needle in the area around where the aspiration or injection will take place to help reduce pain. When the numbing medicine is injected, your child might experience a pinch and a brief burning feeling.
• The pediatric interventional radiology doctor will use either fluoroscopy (X-rays), a CT scan or ultrasound to perform the procedure. The images will allow the doctor to see exactly where in the joint your child has fluid or pain. The doctor then will insert a needle into the joint to draw out the fluid. If your child is not receiving a joint injection, the needle will be taken out after the fluid is removed. If your child also is getting a joint injection, the needle will stay in place so the doctor can inject medicine into the joint area.
• Once your child’s procedure is complete, a technologist will clean the skin area and then bandage it. You and your child then will be able to go home. The bandage may be removed the following day. Your child should not use the joint other than as necessary for 2 days (48 hours) after the procedure.
• If your child needed sedation medication, he or she will have to stay in the recovery area for at least 30 minutes afterward to be monitored before being discharged.
Fast Facts About Radiation

As a parent, you may have concerns about radiation exposure. Children’s Hospital takes every precaution to make sure your child is safe.

- Our goal is to perform the procedure correctly and thoroughly, while exposing your child to the smallest amount of radiation necessary to complete the procedure safely and effectively.
- Advances in equipment and imaging have lowered the amount of radiation your child will receive.
- All of the equipment is inspected regularly.

Fast Facts About Sedation

- The pediatric interventional radiology doctor may recommend that your child have sedation medication in order to help your child relax and remain completely still during the entire procedure.
- If sedation medication is used, it is likely that your child will not feel pain during the procedure or remember it afterward.
- Either the pediatric radiology doctor, a Physician’s Assistant (PA), or a Certified Registered Nurse Practitioner (CRNP) will prescribe the sedation medication for your child, which depends on your child’s age and medical history. A Department of Pediatric Radiology nurse will give your child the sedation medication under a doctor’s supervision.
- Sedation medication will be given either orally (by mouth) or directly into a vein through an intravenous (IV) line, depending on your child’s age.
- While your child is under sedation, his or her heart rate, blood pressure and blood oxygen level will be watched continuously by a pediatric radiology nurse.
- A supervising pediatric interventional radiology doctor is always present when sedation medication is given.

A Parent’s/Guardian’s Role

We welcome your help and support before and after the joint aspiration or injection. The most important role of a parent or guardian is to help your child stay calm and relaxed before the procedure.

- The best way to help your child stay calm is for you to stay calm.
- We welcome your questions, but please ask them either before or after the procedure.
- During the procedure, one parent or guardian may stay with your child. Siblings or other family members must stay in the waiting area during the procedure.
• Before entering the Interventional Radiology suite, you will be asked to put on a disposable zip-up garment (“bunny suit”) over your clothes to protect the sterile environment in the room.

• If at any time before or during your child’s procedure you or the pediatric interventional radiology doctor feels it would be best for you to leave the room, a staff member will escort you to the waiting area.

After the Procedure

After the joint aspiration or injection, your child may be sore in the area of the aspiration or injection. Your child should not be active for 48 hours.

• Your child might have a small amount of bleeding at the site of the aspiration or injection.

• Your child may have an increase in joint pain that will go away within 1 or 2 days. This feeling is normal. You may give your child Tylenol to relieve the discomfort.

• Your child might have a slight loss of fat tissue under the skin causing a dimple at the site of the aspiration or injection. This dimple usually fills in within a few weeks of the procedure.

• Your child might have a slight loss of skin color (pigmentation) in the skin at the aspiration or injection site. This discoloration usually fades away within a few weeks of the procedure.

The following symptoms may be cause for concern after the procedure:

• Fever

• Severe joint pain

If your child has either of these symptoms, you should call your child’s primary care physician (PCP) immediately.

Special Needs and Patient Preparation

• If your child has any special needs or health issues you feel the doctor needs to know about, please call the Department of Pediatric Radiology at Children’s before the procedure and ask to speak with a nurse. It is important to notify us in advance about any special needs your child might have.

• Preparing your child beforehand, as well as comforting your child during the procedure, will help your child have a more positive experience. Sometimes it is difficult to know how to explain procedures to children. If you have any questions about ways to prepare or support your child or feel your child will have difficulty during the procedure, please call the Department of Pediatric Radiology at Children’s and ask to speak with the Child Life Specialist.
Department of Pediatric Radiology

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