



Bedfordshire Clinical Commissioning Group

Procedure that requires prior approval

Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities Forum Statement

Number:	74
Subject:	Ultrasound Guided Joint Injections
Date of decision:	June 2017
Date refreshed:	September 2018
Date review due:	September 2021

GUIDANCE

This guidance does not apply to patients under the age of 18 years old, patients having treatment as part of the management of pain due to cancer or patients with inflammatory arthritides (rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis).

Referral to secondary care services for ultrasound-guided corticosteroid injections for the named joints in box 1 will only be funded by CCGs when at least one of the criteria has been met and thoroughly documented:

- History of severe trauma which would derange the normal architecture of the joint.
- Failure to identify landmarks due to morbid obesity (BMI>40) or another disease process.
- Failure of initial attempt of a corticosteroid injection due inability to identify landmarks.
- No symptomatic relief after two blind injections.
- Significant adverse effects associated with a landmark-guided injection, such severe procedural pain.

AND

No response over six months to conservative treatment.

Patients who have been referred to secondary care due to diagnostic uncertainty, and who are advised to have a corticosteroid injection, should not be referred for an ultrasound-guided injection in secondary care (unless the above criteria are met).

Box 1:

<u>Upper Limb</u>	<u>Lower Limb</u>
<ul style="list-style-type: none">• Glenohumeral joint (GHJ)• Subacromial space.• Acromioclavicular joint (ACJ)• Lateral epicondyle (tennis elbow)• Medial epicondyle (golfers elbow)• Carpal tunnel syndrome• 1st Carpometacarpal joint (CMCJ)• Trigger finger/thumb• De Quervian's	<ul style="list-style-type: none">• Trochanteric Bursa injection• Knee joint• Planter fascia• 1st Metatarsal phalangeal joint (MTPJ)

In cases where the above criteria are met the CCG will fund up to 2 joint injections.

Background

Corticosteroid injections are commonly carried out for patients with ongoing joint pain. It is a recognised step according to NICE on the pain management pathway for a number of conditions including osteoarthritis, rotator cuff disorders and frozen shoulder^{i,ii}.

Whilst there is some evidence that ultrasound guided injections may be more accurate and be more effective in reducing pain, this evidence is variable, often showing only small improvements which are frequently not statistically significant, in particular for shoulder injections^{iii,iv,v,vi,vii,viii}. There does appear to be more evidence for increased accuracy associated with ultrasound guidance in knee injections^{ix,x}; however the impact on long-term outcomes is less clear. Referrals for ultrasound-guided injections are more expensive than landmark guided injections, and therefore should be reserved for more complex cases, or those which do not initially respond well to landmark-guided treatment.

Human Rights and Equalities Legislation has been considered in the development of this guidance.

References

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