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HIP ARTHROGRAM / INJECTION

UWA Study/HFRC

If you have agreed to participate in our UWA study, you will have a functional assessment of your hip performed by Jay Ebert at HFRC in Nedlands PRIOR to your injection. At this time you will be formally consented for inclusion in the study. If you are enrolled in our UWA study and have a POSITIVE response to the diagnostic component of your injection, you should organise an appointment with HFRC for a few days after injection for your post injection assessment and commencement of our 6-week rehabilitation program.

Procedure

Your injection will be performed under local anaesthetic (meaning you are awake), unless you have asked me to have sedation. If you have sedation you will need to fast. I will examine your hip prior to your injection to assess your pain, impingement and range of motion. Your injection itself will involve me administering local anaesthetic to numb the skin, followed by the arthrogram (dye to confirm we are INSIDE the hip joint) and a Fluoroscopic Image will be taken. I then inject local anaesthetic and cortisone inside the joint. Around an hour after your injection I will perform the same examination of your hip to assess and difference while there is still local anaesthetic INSIDE your hip joint. If your pain is less and motion improved this will be considered a POSITIVE diagnostic component of the injection, making an INTRA ARTICULAR source of pain (such as the labrum) more likely. You can be discharged as soon as I have re-examined you.

Pain Diary

You should monitor your symptoms in the attached pain diary. Don't forget that you may feel WORSE the evening of your injection, once the local anaesthetic wears off. This is often a sign of a POSITIVE diagnostic component of the injection, and that your hip joint actually IS the problem.

Rehabilitation

It is critical that the injection is combined with a dedicated, hip specific rehabilitation program to increase the chances of the therapeutic (cortisone) component having maximum effect. This should last for at least 6 weeks. You should inform me of who your physiotherapist/exercise physiologist is, otherwise ask me for a referral.

Follow Up

I will normally see you around 7 weeks after your injection, after you have completed your post injection rehabilitation protocol. At this point we will decide whether to continue with non-operative management in the longer term or consider hip arthroscopy if you are still struggling.

Exercise and Activity

You should take it easy in the first 48 hours after your injection, and avoid running or strenuous activity. Notwithstanding in the first 12 hours it is helpful to try simple movements that would have previously caused you pain as this is useful information for the Diagnostic component of your injection.

Concerns

We have an excellent practice nurse and will be happy to answer any questions or concerns you may have in the peri-operative period. Remember numbness may persist for days post injection. If you are worried about your hip, if there is new redness or fever or if you develop significant pain please contact us immediately or attend your local doctor or emergency department.

Return to Work/Driving

If you work in an office or can arrange to do so, you can return to work the day of your injection. If your work involves significant physical activity/manual work, you may need a couple of days off work. You can drive to and from your injection, UNLESS it is performed under sedation where you will need to be picked up.



CLAREMONT

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MANDURAH

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MIDLAND

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WHEATBELT

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