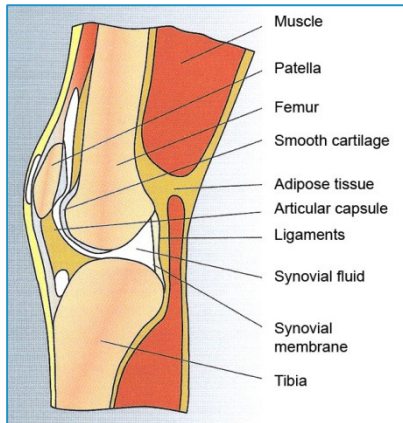


**Injecting hyaluronic acid into osteoarthritic joints is designed to improve their lubrication and hence their functional condition.**

## A joint lubricant



Hyaluronic acid is abundantly present in the synovial fluid and cartilage. It ensures the elasticity and viscosity of this fluid. Its concentration in the cartilage surfaces of the joint enables it to absorb any pressure exerted on them.

In osteoarthritis, the concentration of hyaluronic acid decreases, lubrication of the joint is less effective and the cartilage becomes more sensitive to stress. The synovial fluid loses some of its visco-elastic properties.

This finding has led doctors to offer an injection of hyaluronic acid in osteoarthritic joints to compensate for this "lubricant" deficiency. This is what is known as **viscosupplementation**.

*Synovial fluid is a viscous and elastic substance, rich in hyaluronic acid in its normal state; its main role is to nourish the cartilage. Synovial fluid also has a mechanical action: it lubricates the knee and protects against trauma.*

## A priority target: knee osteoarthritis

The main clinical trials were carried out on the knee, which in turn defined the terms of use of this treatment.

## Good tolerance, proven effectiveness

According to the various preparations of hyaluronic acid, a series of 3 intra-articular injections are carried out at weekly intervals in the doctor's surgery. Only rheumatologists, orthopaedists and functional rehabilitation physicians are authorised to perform these injections.

Generally, these injections are well tolerated. Any painful or inflammatory reaction should lead to alerting your GP or the physician who carried out the injection.

Analgesic effectiveness is proven. It is delayed. Compared to a corticosteroid injection, its effects are more prolonged, lasting for several months.

