

Joint lavage is a technique that is mainly used for the knee joint. It is carried out to rid the joint of all sorts of debris that could cause pain to persist. Joint lavage is performed under local anaesthesia in a hospital or clinic under strict aseptic conditions. After the lavage it is usual to inject a corticosteroid into the joint. The improvement in pain associated with osteoarthritis is usually delayed for a few weeks.

Who is it for and why?

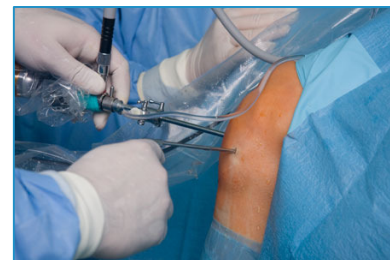
Knee joint lavage is proposed when analgesic treatments that have been undertaken and, in particular, intra-articular injections of corticosteroids, are failing. Cartilaginous debris and irritants contained in the joint are involved in this resistance to treatment. The procedure, consisting in ridding the joint of this unwanted debris, is the reason for a joint lavage.

How is it done?

The technique is to wash the joint with one to two litres of physiological saline solution. To do this, aseptic conditions must be very strict for both the operator (doctor in sterile clothing) and the patient (sterile drape placed on a knee that is shaved and disinfected with an antiseptic solution). To obtain these conditions, the lavage is carried out on an outpatient basis in a hospital or clinic.

After local anaesthesia of the skin, two needles are inserted into the joint from either side of the knee. The first needle is connected to the bottle of physiological saline solution, and the second one to a tube for evacuation of the lavage liquid.

The entire procedure lasts about an hour. It is generally well tolerated because it is not very painful.



How effective is it?

The presence of two needles in the joint is an opportunity to inject a corticosteroid at the end of the lavage.

It is recommended to rest the joint for 2 to 3 days.

After the procedure there is no immediate improvement in pain associated with osteoarthritis. It takes a few weeks for it to manifest itself. It is, however, only temporary and sometimes justifies repeating the lavage. Moreover, there is no formal proof at the present time that lavage is more effective than a simple injection of corticosteroids.

What are the risks?

The main risk is infection of the joint. This is a very rare risk but it cannot be excluded as soon as a needle is put into a joint (let alone two needles and the passage of a liquid from the outside).

The infection of a joint is serious. It leads to hospitalisation and an antibiotic treatment on a drip.

In the days following a joint lavage, any intense pain, any abnormal swelling of the knee and any fever are all reasons for requesting medical advice from your GP.