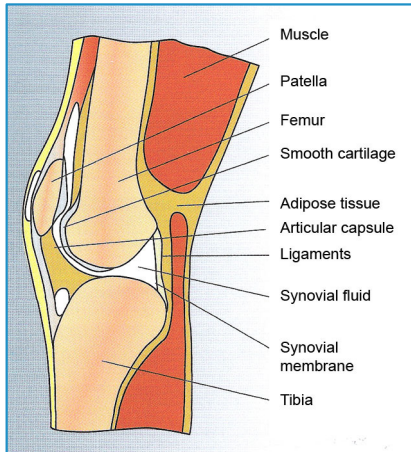


Puncture of the knee joint

Puncture of the knee joint consists in putting a needle into the knee joint to evacuate or take joint fluid. In the first case, it is to relieve the patient of their "painful swollen knee" and in the second to find the cause of the pain in the knee.

The puncture is carried out in the doctor's surgery



The patient lies on the consultation table. In the event of a "painful swollen knee" the examination reveals a predominant swelling in the part of the knee above the patella. Part of the excess synovial fluid has accumulated there.

After a thorough disinfection of the skin, isolation of the puncture site by a "fenestrated drape" and the use of disposable equipment, the needle is introduced at an angle to the lateral upper pole of the patella. After around 1 to 2 centimetres, the needle enters the joint as evidenced by the aspiration of a small amount of fluid with the syringe.

The joint fluid is either evacuated (to relieve the patient), or taken and placed in one or more sterile containers for analysis.

The puncture site is compressed for a few minutes and a dry dressing is placed on it.

***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.*

In knee osteoarthritis, the effusion is "mechanical"

The joint fluid is light yellow, transparent and viscous. It is rare that the doctor asks for it to be analysed. If it was, the examination would confirm that the fluid is sterile and poor in cells (mechanical effusion).

When abundant, it often reflects an acute painful flare-up. Evacuating it relieves the patient.

