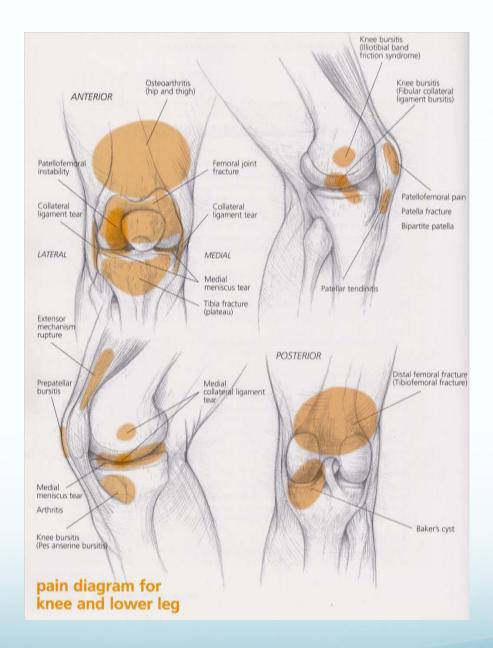
Knee Arthrocentesis

Kurt Ortwig NP NorthShore University Health System



Indications

- Aspiration of Fluid (Arthrocentesis)
 - Diagnosis
 - Relief of pressure
- Injection of Medications
 - Glucocorticoid
 - Local anesthetic
 - or a combination of the two.

Diagnostic

- Fluid Analysis
 - Unexplained joint swelling
 - Suspected crystal-induced arthritis
 - Acute arthritis
 - Intercritical gout
 - Suspected septic arthritis

Joint Effusion Categories

- Noninflammatory
 - Osteorthritis / trauma
- Inflammatory
 - RA, gout, pseudogout, ankylosing sponylitis, SLE,
- Septic
 - Bacterial / Fungus /mycobacteria
- Hemorrhagic
 - Trauma / Anticoagulants / neoplasms

Synovial Fluid Analysis

- Normal
 - Highly viscous
 - Clear
 - Essentially acellular
 - Protein concentration approximately one-third that of plasma
 - Glucose concentration similar to that in plasma

UpToDate°



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Measure	Normal	Noninflammatory	Inflammatory	Septic	Hemorrhagic
Volume, mL (knee)	<3.5	Often >3.5	Often >3.5	Often >3.5	Usually >3.5
Clarity	Transparent	Transparent	Translucent- opaque	Opaque	Bloody
Color	Clear	Yellow	Yellow to opalescent	Yellow to green	Red
Viscosity	High	High	Low	Variable	Variable
WBC, per mm3	<200	0-1,000	1,000-100,000	15,000- >100,000*	200-2,000
PMNs, percent	<25	<25	≥50	≥75	50-75
Culture	Negative	Negative	Negative	Often positive	Negative
Total protein, g/dL	1-2	1-3	3-5	3-5	4-6
Glucose, mg/dL	Nearly equal to blood	Nearly equal to blood	>25, lower than blood	<25, much Iower than blood	Nearly equal to blood

Categories of synovial fluid based upon clinical and laboratory findings

* Lower part of range with infections caused by partially treated or low virulence organisms.

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Nucleated Cell Counts

- Inflammatory and septic fluids have increasing proportions of polymorphonuclear / PMNs present.
 Bacterial joint infections often have ≥75 percent PMNs
- Eosinophilia in the synovial fluid suggests parasitic infection, allergy, neoplasm, or Lyme disease
- Malignant appearing cells may be noted in synovial fluid

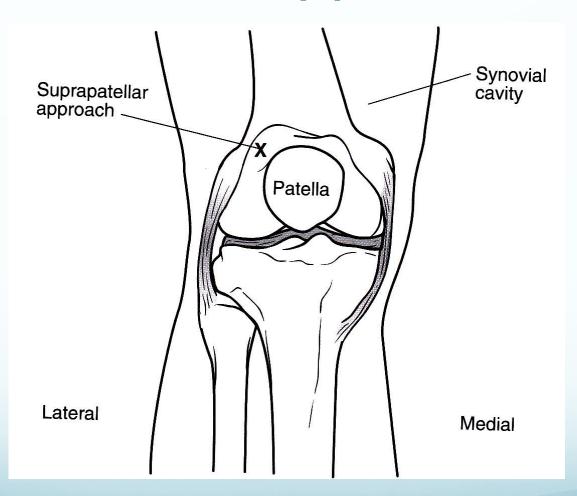
Pain Relief and Intra-Articular Medications

- Injection of joints with inflammatory arthritis
 - Marcaine 3-4ml
 - Kenalog: 40mg (40mg/ml)
 - Combination
 - Side Effects
 - 10% experience flushing
 - Infection rate: 1:3200

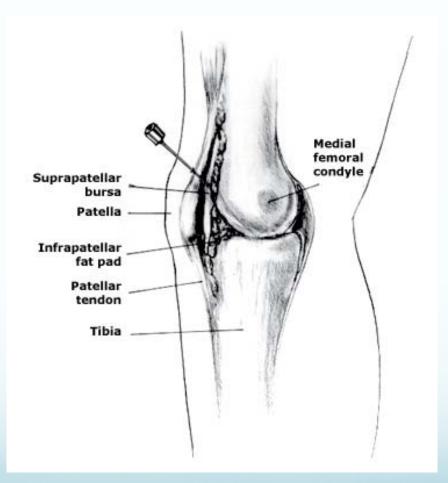
Procedure

- Strict Sterile Technique maintained throughout procedure
- Maintain patient in supine position with affected knee in extended position or slightly bent
- For Lateral approach, inspect knee and note landmarks.
- For large effusions, effusion may extend 1 hand width above the superior aspect of patella.

Lateral Approach



Medial Approach



Procedure cont...

- Lateral approach is 1cm superior and 1cm lateral to superolateral aspect of the patella.
- Prep skin: betadine x3
- Lidocaine wheel 3-5ml @ point of entry
- Using a 18g needle attached to 30ml+ syringe, enter through the anesthetized site.
- As you advance needle, may feel a pop as you go through joint capsule.
- Maintain negative pressure as needle advances.

Procedure cont...

- Problems with flow
 - Needle not completely into joint capsule
 - Synovial tissue blocking
 - Thick synovial fluid
 - Reposition needle and reattempt aspiration.
- Instill any medications if necessary
- Withdraw needle and cover with bandaide.

Lab Orders

- Crystal analysis
- Culture with Gram Stain
- Cell Count

- Label syringe at bedside with patient sticker
- Can send syringe to lab with plastic cap so sample can be divided appropriately for testing