



## EFAS CONGRESS 2022

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# Wasting everyone's time

## Current practice after injections



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## Introduction

Injection treatments are commonly offered to help musculoskeletal conditions. The majority are corticosteroid injections.

Inflammatory arthritis, osteoarthritis, and tendinopathies are the most common indications.

Pain relief is difficult to predict in terms of both efficacy & longevity.

The initial response (local anaesthetic) helps to confirm the diagnosis. The duration of pain relief (steroid) is unpredictable.

## Aim

To understand current practice in our region of the UK as a prelude to improving efficiency.

## Method

An online questionnaire was administered to clinicians who treat patients with injections.

## Results

108 responses.  
78 Consultants; 28 Registrars, 2 other specialists  
Most clinicians >5 injections / week

Follow-up is routinely arranged for:

**79% of first injections** (Figure 1.1)

**52% of subsequent injections** (Figure 1.2)

Remainder of patients offered SOS appointment or discharged to GP

At follow-up, majority of injections still working (Figure 2)

Follow-up was mostly at the 6 to 12 week point (Figure 3)

Fig 1.1 After first injections how often do you arrange routine follow-up appointments

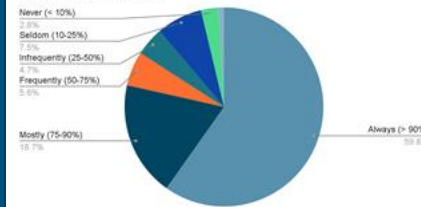


Fig 1.2 After subsequent injections how often do you arrange routine follow-up appointments

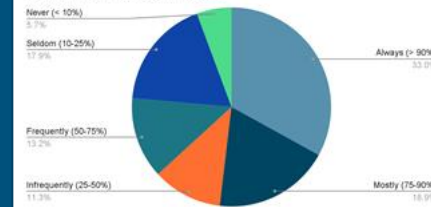


Fig 2 Patient reported outcome of injection

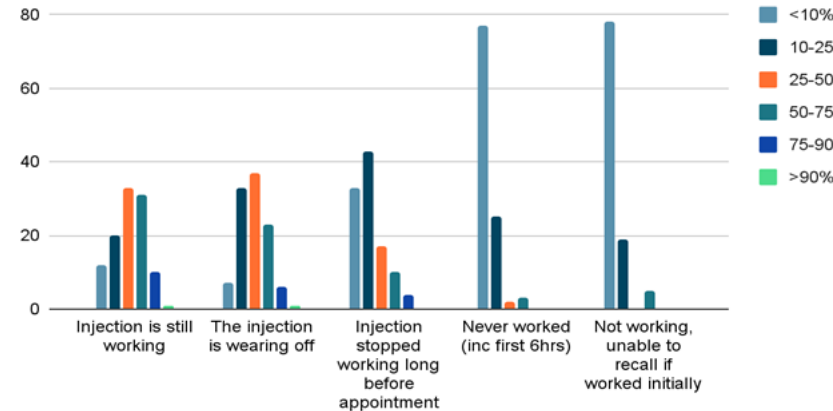
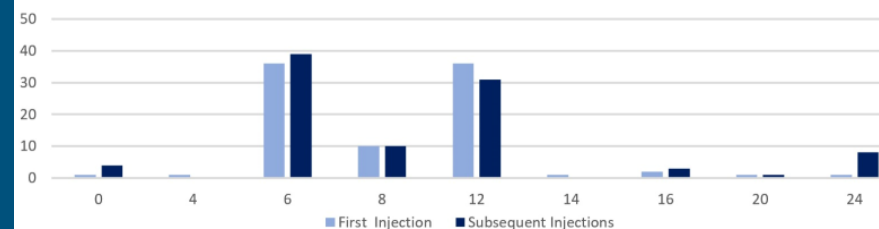


Fig 3 When, after injections, do you typically book a follow-up appointment (in weeks)?



## Discussion

Clinicians in our study mostly administered injections themselves in clinic or operating theatre (with or without image guidance).

Only 22% were referred to radiology.

The traditional Orthopaedic 6 - 12 week follow-up appointment was given in nearly all cases, irrespective of clinical improvement.

85% of clinicians frequently or always arrange routine follow-up.

Very few clinicians ask patients to use a pain diary.

At routine follow-up the injection was still working for nearly all patients.

A few had little or no benefit. Some were not able to recall if there was initial benefit.

Follow-up appointments are only needed:  
once the benefits have worn off  
if there was never any improvement

A routine appointment at 6 - 12 weeks is useful for neither group.

## Conclusion

This study shows that routine follow-up appointments after injection are widely used, but are wasteful and inefficient.

**Current practice wastes everyone's time**

Strategies to record pain scores and invite review only when the benefits of injection have failed / faded could save millions of pounds/euros.