

Mr David Mitchell Orthopaedic Surgeon **Mr Shaun English** Orthopaedic Surgeon Mr Luke Spencer Orthopaedic Surgeon

Mr Scott Mason Orthopaedic Surgeon **Dr Greg Harris** Sports & Exercise Physician **Dr Anthony Hipsley** Sports & Exercise Medicine Registrar

## **INJECTIONS FOR KNEE OSTEOARTHRITIS**

Knee osteoarthritis (OA) is one of the most common and most costly issues facing our modern Australian population.

While knee replacement is often a very effective treatment for osteoarthritis pain, it is major surgery. Recent high-quality studies have shown that in some cases, knee arthroscopy ('a clean-out') may be no better (or even worse) than no treatment at all.

Between pain medications and surgery, there are injectable treatments that can improve knee pain and function. The most commonly used injections for knee OA fall into three categories: corticosteroids ("Cortisone"), hyaluronans (e.g. "Durolane" or "Synvisc"), and blood-derived injections (platelet rich plasma or "PRP", and others).

## Cortisone

Sometimes a knee may have some longstanding OA, but has become suddenly more swollen and painful: in this situation a corticosteroid injection may settle the knee back to how it was beforehand. Corticosteroids are powerful anti-inflammatory drugs, but do not improve the overall cartilage health of a knee with OA, and care must be taken that there is no infection in the knee, as a cortisone injection may make this much worse.

## Durolane

Hyaluronans are synthetic versions of the natural fluid inside the knee joint. In a normal knee this fluid helps to lubricate the joint and to keep the cartilage healthy. In a knee with OA, the knee fluid is also damaged and does not protect the joint as it should. An injection of a synthetic hyaluronan replaces the unhealthy fluid. Over more than 25 years of use worldwide this has been found to be an effective means of improving knee pain and

function. This works best in knees with mild rather than severe OA, and is usually very well tolerated. Improvements are often seen to last for 12-18 months. We use Durolane, which has virtually no risk of allergic reactions compared to Synvisc (about 2% risk).

## PRP

Blood-derived treatments aim to provide natural anti-inflammatory substances from the blood. Blood is taken from the patient (like for a blood test), and then treated to extract the chosen substances, before being injected back into the knee. PRP is the most studied version of these treatments, and has been found to improve knee pain and function for 12-24 months.

At Ballarat Orthopaedics and Sports Medicine we have the capacity to provide any of these treatments, and the experience and knowledge to help you choose which treatment is the best one for you or your patient. If you want any further information about any of these treatments, please contact us.