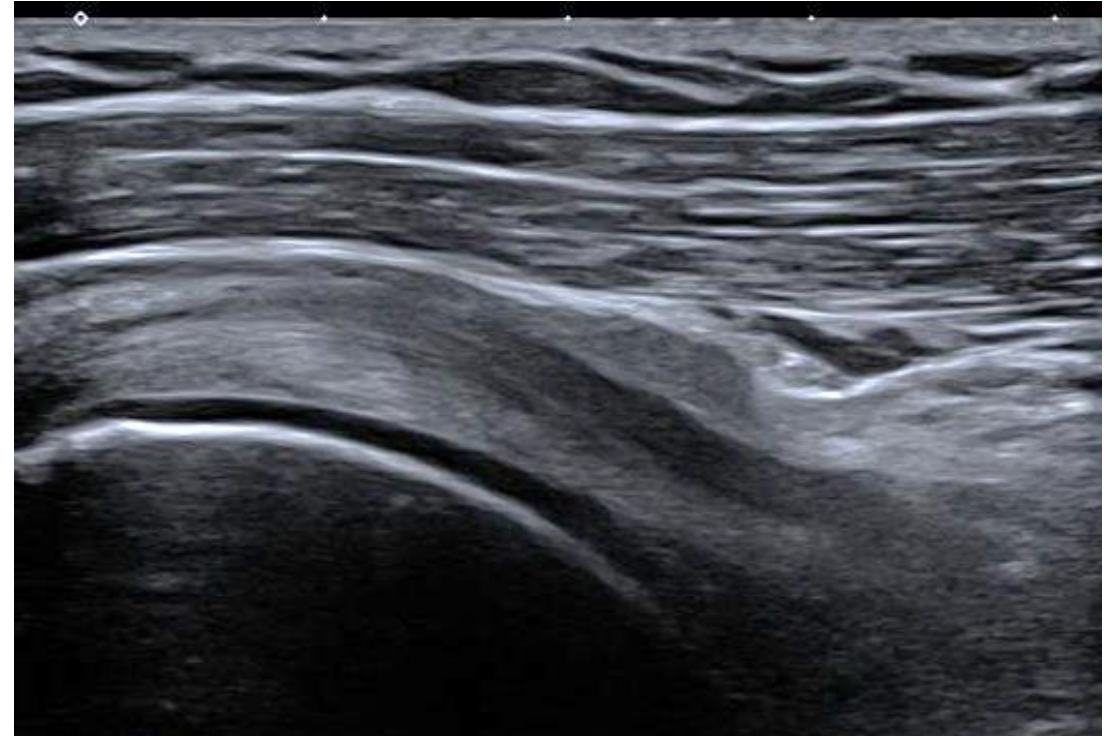


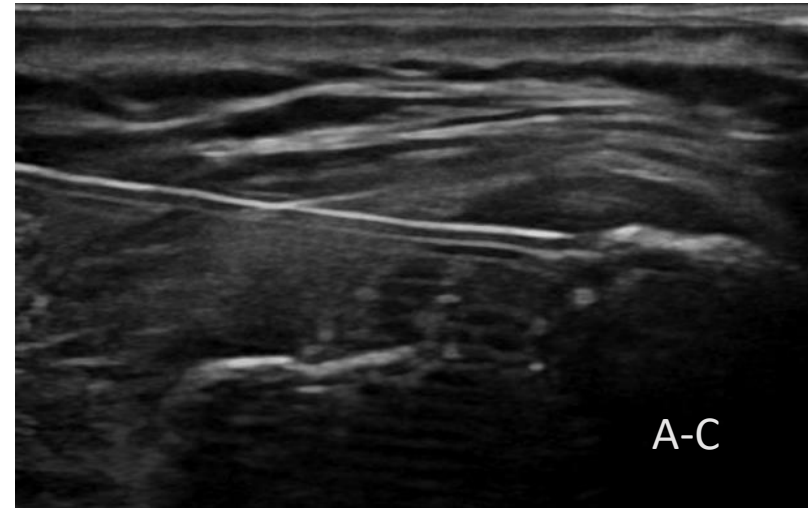
Echogeleide interventies

1. Voorafgaand diagnostisch onderzoek (high-end echotoestel)
2. Check afwijkingen en correleer met symptomen
3. IC en C-I (checks); Time-out
4. Positionering patiënt & uitvoerende arts
5. Aanduiden punctieplaats
6. Voorbereiding / instructies vplk & patiënt



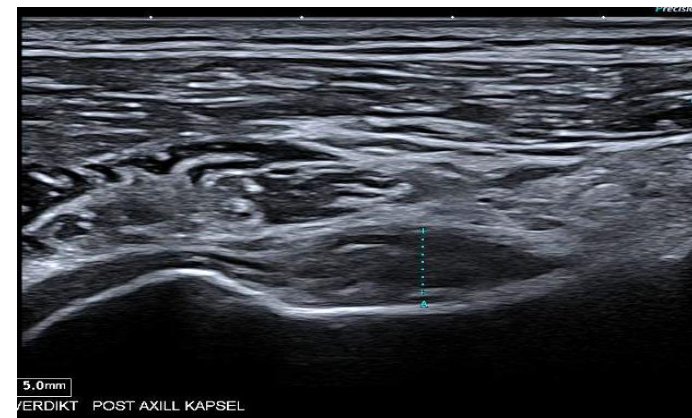
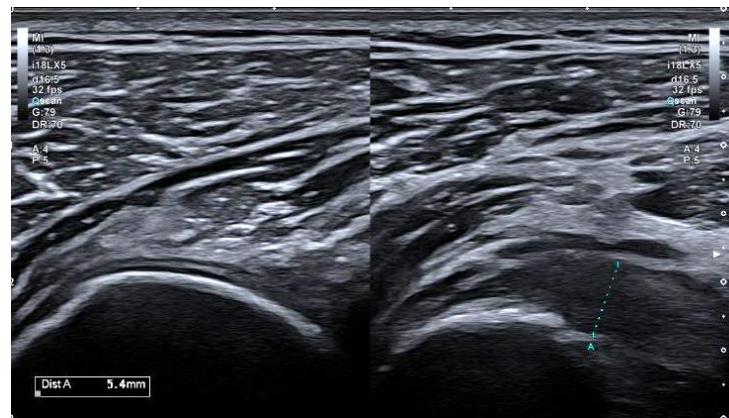
Echogeleide Infiltraties met cortisone

- **Indicatie:** onvoldoende resultaat van conservatieve therapie (rust, nsaid, kine, infiltratie, ...)
- **Targets:**
 - Bursae vb schouder, heup, voet, Baker, elleboog ...
 - Gewrichten vb heup, A-C, pols, hand, voet
 - Pezen: tenosynovitis vb De Quervain
 - (perineuraal)
- **Werkwijze :** steriel, lokale anesthesie, veilig = onder echocontrole, accuraat : goede distributie in bursa/gewricht



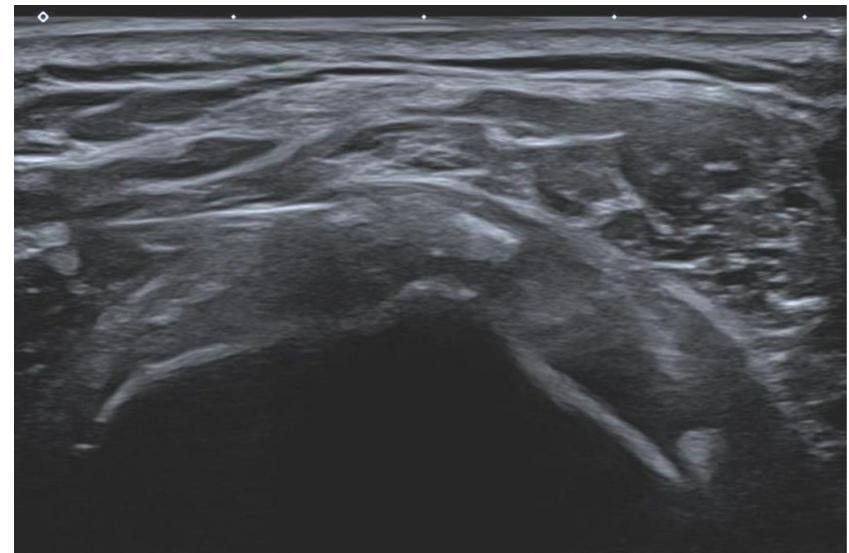
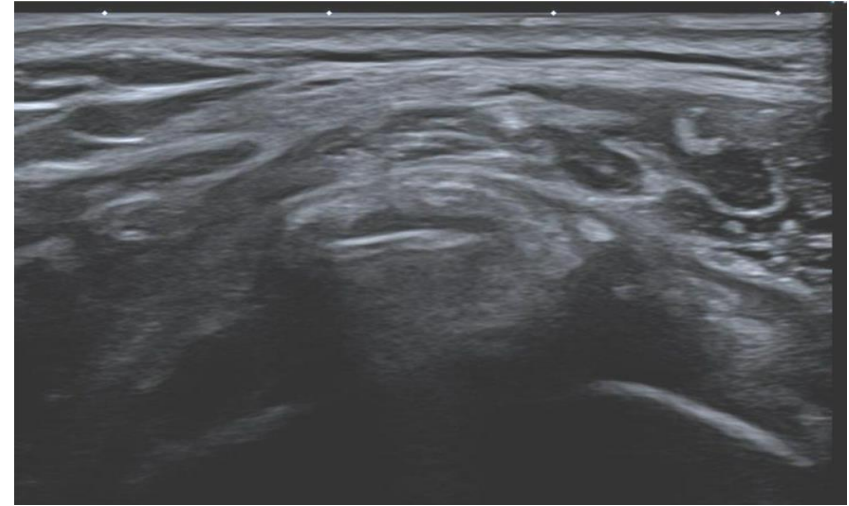
Echogeleide Infiltraties met cortisone

- Fijne naald (21G)
- Antico: check met voorschrijver (geen onderbreking vereist)
- Zelden(1%) :2-3 dagen toename pijn (cristal arthritis/bursitis)
- Relatieve rust, geen belastende sport 14 d
- Max 3 injecties per locatie, 6 weken tussen 2 IA injecties
- Capsulitis schouder (echodiagnose) →arthro-distensie (scopie) gevolgd door kiné



Echogelegeide wash-out + needling

- Nodulaire kalkneerslag >3 mm
- Niet bij lineaire/verspreide kalk (ESWT)
- Belangrijke inflam. (nachtelijke) pijn
- Locale anesthesie (ropivacaine/linisol), naald centraal in kalk en wash-out
- Fragmentatie resterende kalkschaal (faciliteert resorptie)
- + Depo-medrol in bursa
- Relatieve schouderrust 14 d (1m sport)
- Pijnstilling voorzien (3-5d)



Treatment of tendinopathy

• Pathway

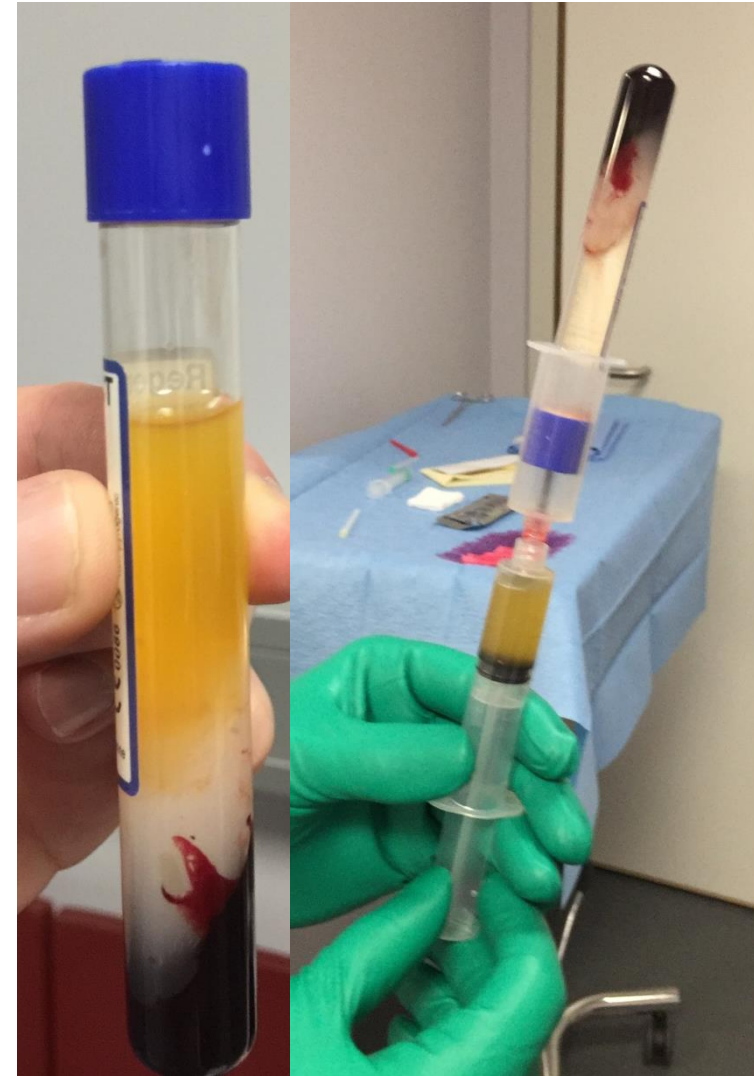
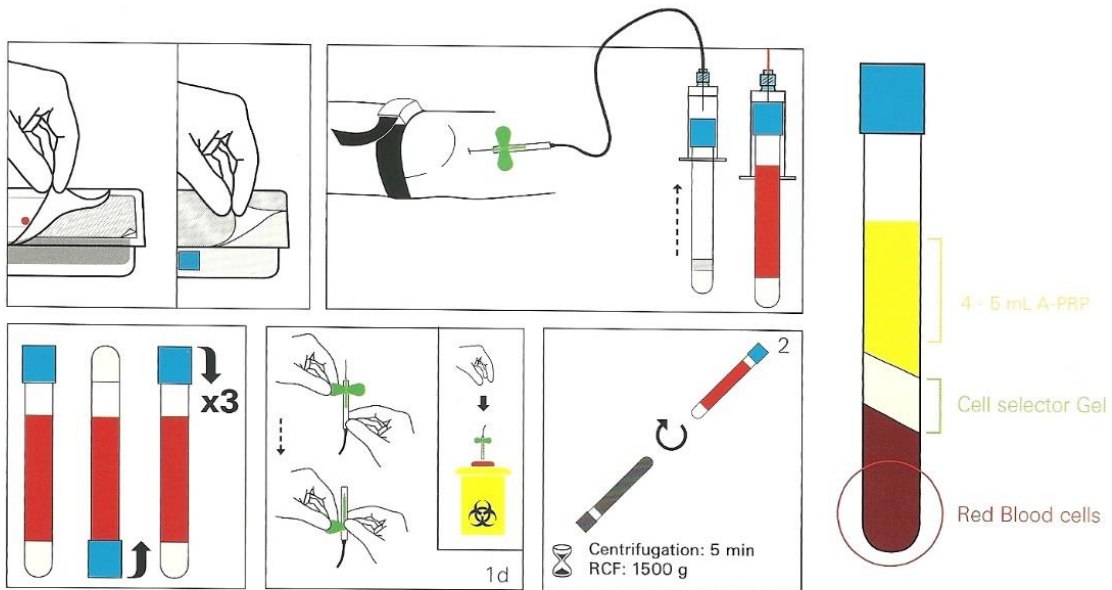
- **Conservative:** NSAI, rest, physiotherapy and reeducation (stretching, excentric training)
- **Corticotherapy:** in acute inflam OK; in chronic treatment: decreased collagen production & risk for rupture
- → Resistant to treatment (3 to 6 months) → **PRP**
- **Eswt:** not if fissures/clefts/partial tears

• PRP

- liberation of growth-factors , cytokines, chimiokines : *regeneration of collagen and neoangiogenesis*
- **anabolic** (actvation of stemcells) and **anti-inflammatory** action
- No anesthaesia (decreases PH) in tendon
- No aspirine (2d), corticosteroids(1M), NSAI 15 days prior or following administration
- US guided injection and tendon fenestration (20 to 22 G → disrupts abnormal fibers, promotes regional bleeding and reactive hyperemia, creates space for PRP)

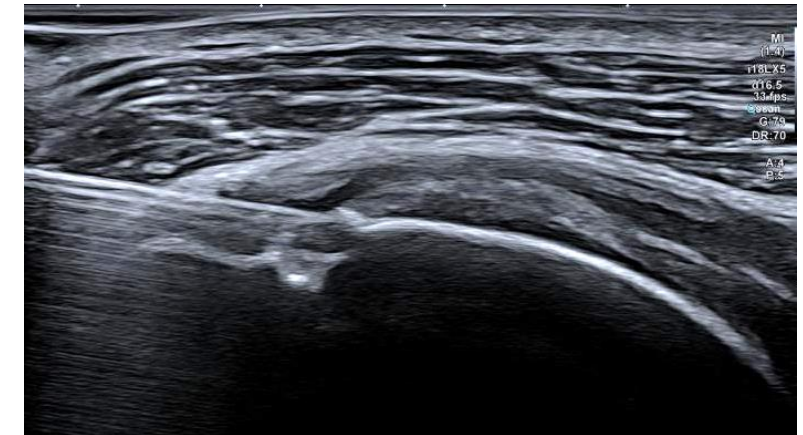
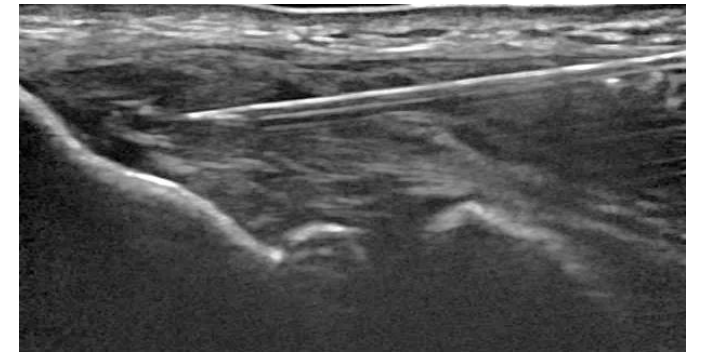
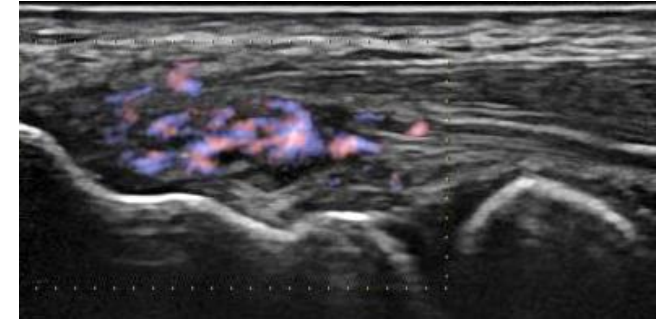
PRP: preparation

REGEN LAB TECHNOLOGY
THE SIMPLE, SAFE AND EFFICIENT POINT OF CARE PREPARATION OF A-PRP*



PRP injection

- Sterile preparation (skin, drapes, cover , gel)
- Local anaesthesia: 1% xylocaine : peritendon
- Fenestration of tendon and radial infiltration of fissure/ tendinopathy
- Injection of 1 to 4 ml PRP in tendon (peritendon)
- Underestimation of fissures
- Post-injection:
 - Local ice application
 - Paracetamol
 - Relative rest for 48 H
 - Mild activity 1st week
 - After 1 week : reeducation physiotherapy (painfree 3x/week, 6 weeks focus on stretching and excentric excersice), auto-reeducation : 1 y
 - Lower limb: provide crutches & accompanied



PRP: contra-indications

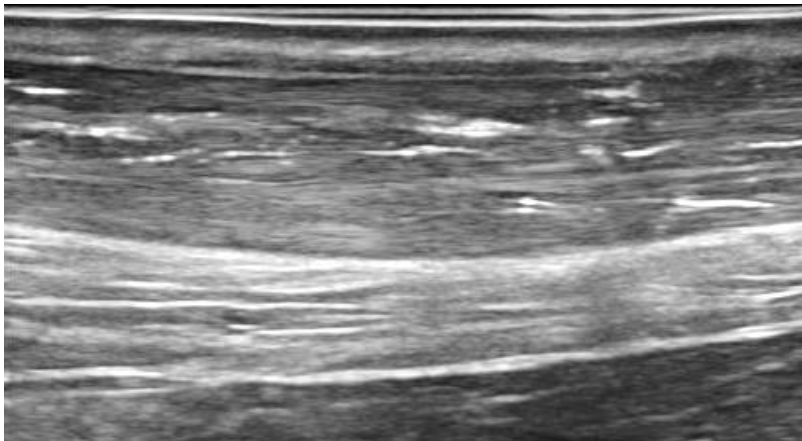
- Active infection
- Current use of NSIAD
- Important thrombocytopenia
- Active cancer treatment
- Financial issues (Informed consent)
 - 400→1600 euro dermato
 - 60 euro tendon/lig , 120 + HA joints

PRP: follow-up & results

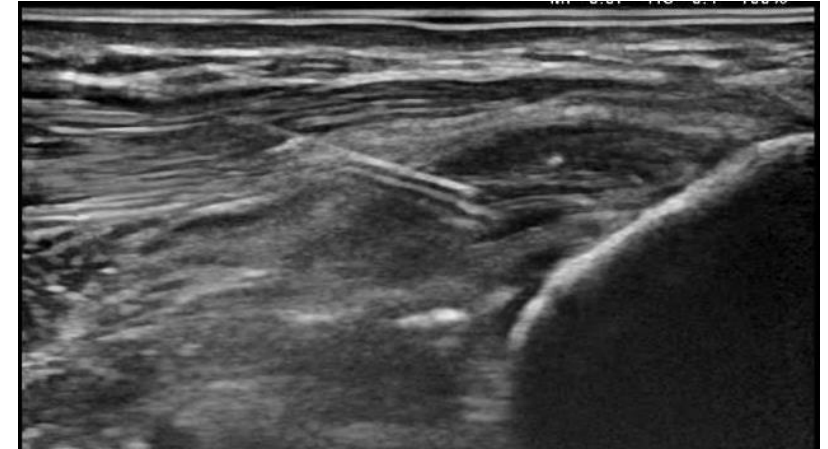
- Second injection after 2M if response < 50%
- Sports after 3 months
- 70 to 86% return to pretendinosis sportslevel



Achilles :
prp
distribution



Golfer



PRP: articular indications

- Chondropathy/arthrosis
 - Knee: failure of medical treatment
 - Better results in younger, st. 2 or 3
 - Joint mobility \uparrow , pain \downarrow (90%)
 - Dosis ? Frequency ?
 - CI: thrombocytopenia, sepsis, PL dysfunction
 - Crystals, AI disease : relative CI
 - 2 injections often sufficient
 - Dry joint
 - Rest 1-2 days

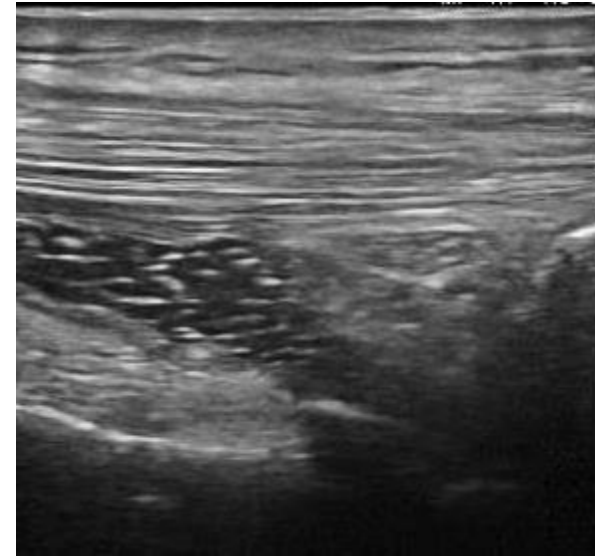


Table 2 Kellgren-Lawrence grading system for osteoarthritis

Grade	Radiologic findings
I	Doubtful narrowing of joint space and possible osteophytic lipping
II	Definite osteophytes and possible narrowing of joint space
III	Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis and possible deformity of bone contour
IV	Large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour

PRP: articular indications

- Chondropathy

- Knee
- Hip
- Ankle
- C-MC1: us guided, 1-2ml
- Small joints: foot, wrist, hand, TMJ ...
- second inj after 2 months

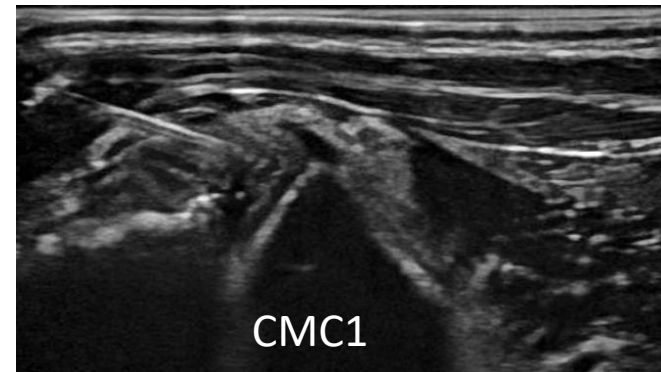
{ More effective than viscosupplementation - J Arthroscopy 2015

{ Reducing the rate of cartilage wear and tear- HSS 2013

{ Reduces cartilage breakdown - Am J Sport Med 2015

{ Inhibits cartilage cell injury - Arthroscopy 2015

{ Stimulates ANABOLIC pathways/molecules - Vet Med Int 2015





Beaufort 2021 Duinbergen

Goede info aan patiënt

+

Multidisciplinaire aanpak

radiologie AZ-West



az**West**

Zorg op mensenmaat

Dank u voor uw aandacht!