



Small Animal Clinics



## ARTHROCENTESIS

MVDr. Lukáš Novák  
MVDr. Laura Staňková  
MVC. Klaudia Mičeková

# INDICATIONS

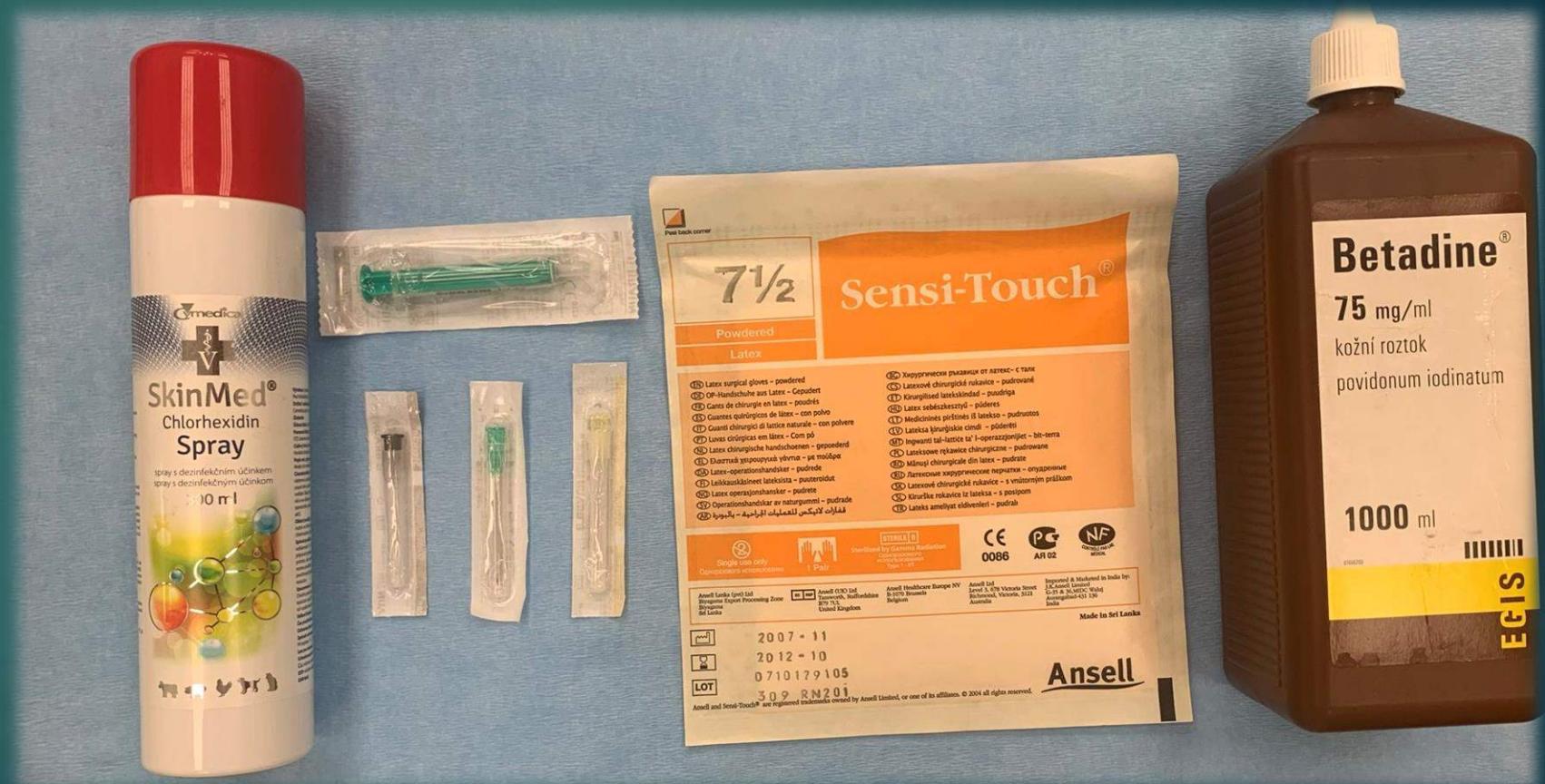
- Diagnostic Arthrocentesis
  - Septic arthritis
  - Immune mediated diseases
  - Osteo-arthritis
- Drug application
  - Corticosteroids
  - Derivate hyaluronic acid
  - Experimental
    - Stem cells
    - Conditioned blood serum

# CONTRAINDICATIONS

- ❖ Peri-articular infections
- ❖ Bacteremia

# MATERIAL

- 2ml syringe
- Sterile gloves
- Needles
  - Small breeds: 25G,
  - Large breeds: 22G,
- Betadine
- Chlorhexidine spray
- Microscope slides





# PATIENT PREPARATION

- ✓ Clinical and orthopedic examination
- ✓ Insertion of i.v. catheter
- ✓ Sedation / Anaesthesia
- ✓ Intubation of brachycephalic breeds
- ✓ Trimming the fur over the joint
- ✓ Scrub 3 times with iodine soap
- ✓ Application of chlorhexidine

# SURGEON PREPARATION

- Preparation of sterile material
- Surgical scrub of hands
- Application of sterilium on hands
- Use of sterile gloves
- Follow the principles of aseptic approach

# ANAESTHESIA

→ Cat

- Medetomidine 10 – 25 µg/kg
- Ketamin 7 – 10 mg/kg
- Propofol 2 – 10mg/kg titrated

→ Dog

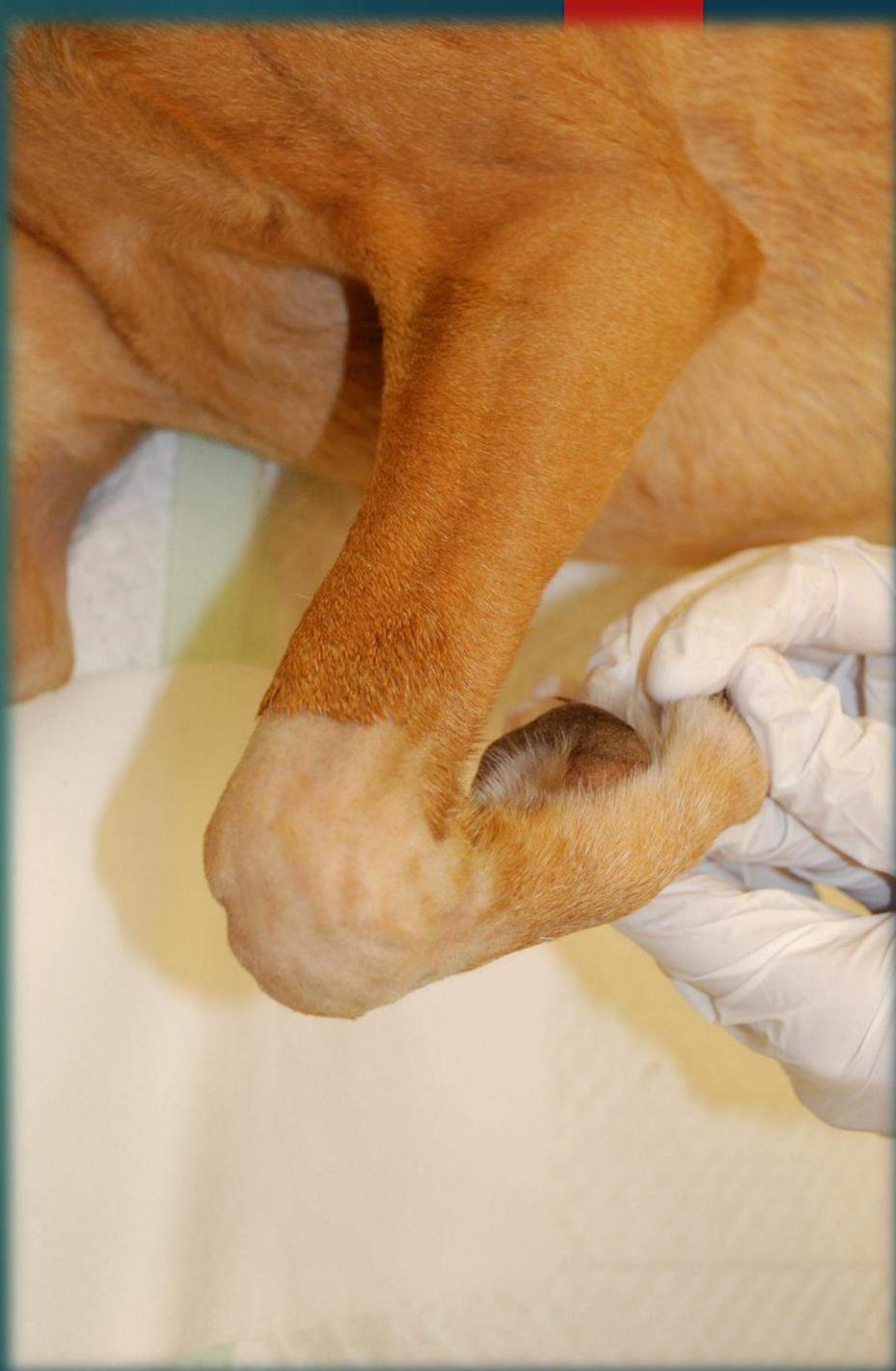
- Medetomidine 10 – 25 µg/kg
- Butorphanol 0,1 – 0,3 mg/kg
- Propofol 2 – 10 mg/kg titrated

# Carpus

Antebrachiocarpal & Intercarpal joint

## Method:

1. Lateral / dorsal recumbency
2. Trimming the carpus area
3. Preparation of arthrocentesis area
4. Flexion of carpus



## **Method:**

1. Palpation of joint fissure
2. Palpation of carpal extensors



## Method:

1. Inject vertically to the skin
2. Avoid carpal extensors
3. Aspiration after skin penetration





Antebrachiocarpal joint



Intercarpal joint



Antebrachiocarpal joint



Intercarpal joint

# Elbow

Caudolateral approach

## Method:

1. Lateral recumbency
2. Trimming of elbow area
3. Preparation of arthrocentesis area
4. Limb in neutral position or flexed



## Method:

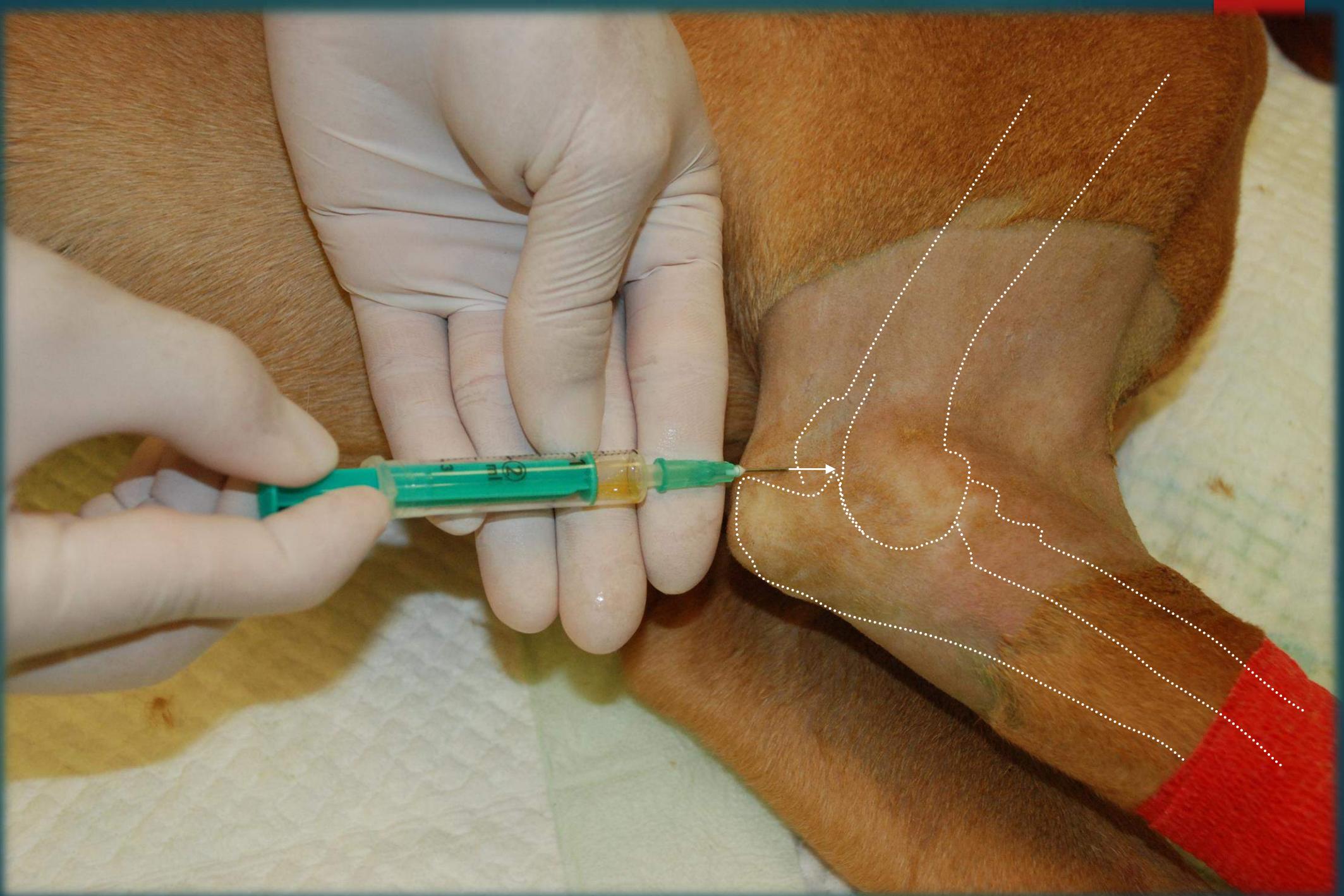
1. Palpation of olecranon
2. Palpation of lat. epicondyle



## Method:

1. Skin penetration caudally at level of lat. epicondyle
2. Needle is introduced between lat. epicondyle and olecranon







# Shoulder

Craniolateral approach

## Method:

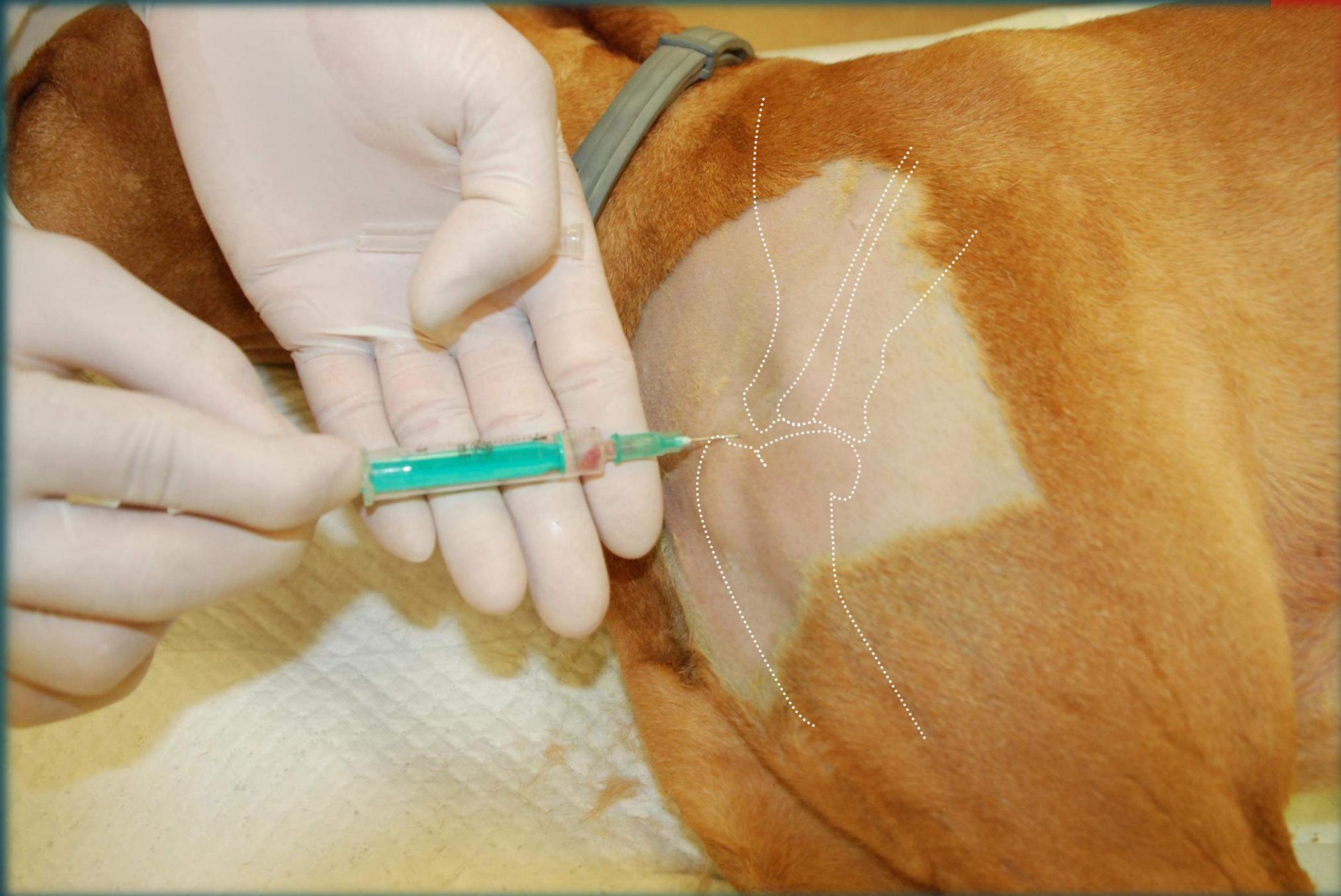
1. Lateral recumbency
2. Trimming the shoulder area
3. Preparation of arthrocentesis area
4. Neutral limb position



## Method:

1. Palpation of acromion
2. Palpation of tuberculum majus humeri
3. Skin penetration 1-2cm below acromion
4. Skin penetration on cranial margin of tuberculum majus humeri







# Tarsus

Caudolateral approach

## Method:

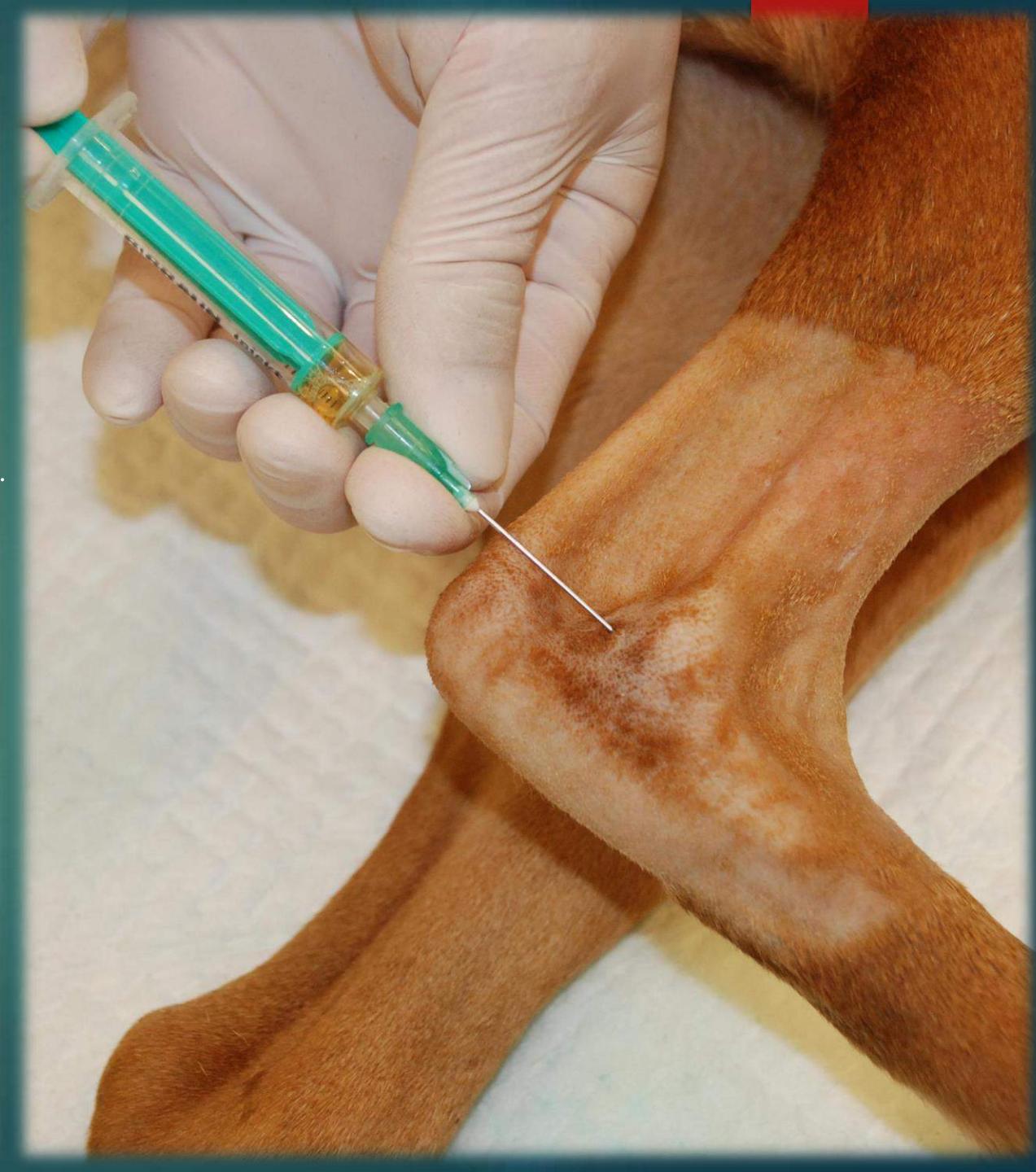
1. Lateral recumbency
2. Trimming of the tarsal area
3. Preparation of arthrocentesis area



## Method:

1. Flexion of tarsus
2. Palpation of malleolus
3. Insertion of needle caudally
4. The needle is placed axial to the malleoli







# Stifle

Lateral Approach

## Method:

1. Lateral recumbency
2. Trimming of the stifle area
3. Preparation of arthrocentesis area
4. Flexion of the knee joint



## Method:

1. Palpation of lig. patellae
2. Injection laterally/medially to lig.
3. Finger pressure from the opposite site
4. Aspiration after skin penetration



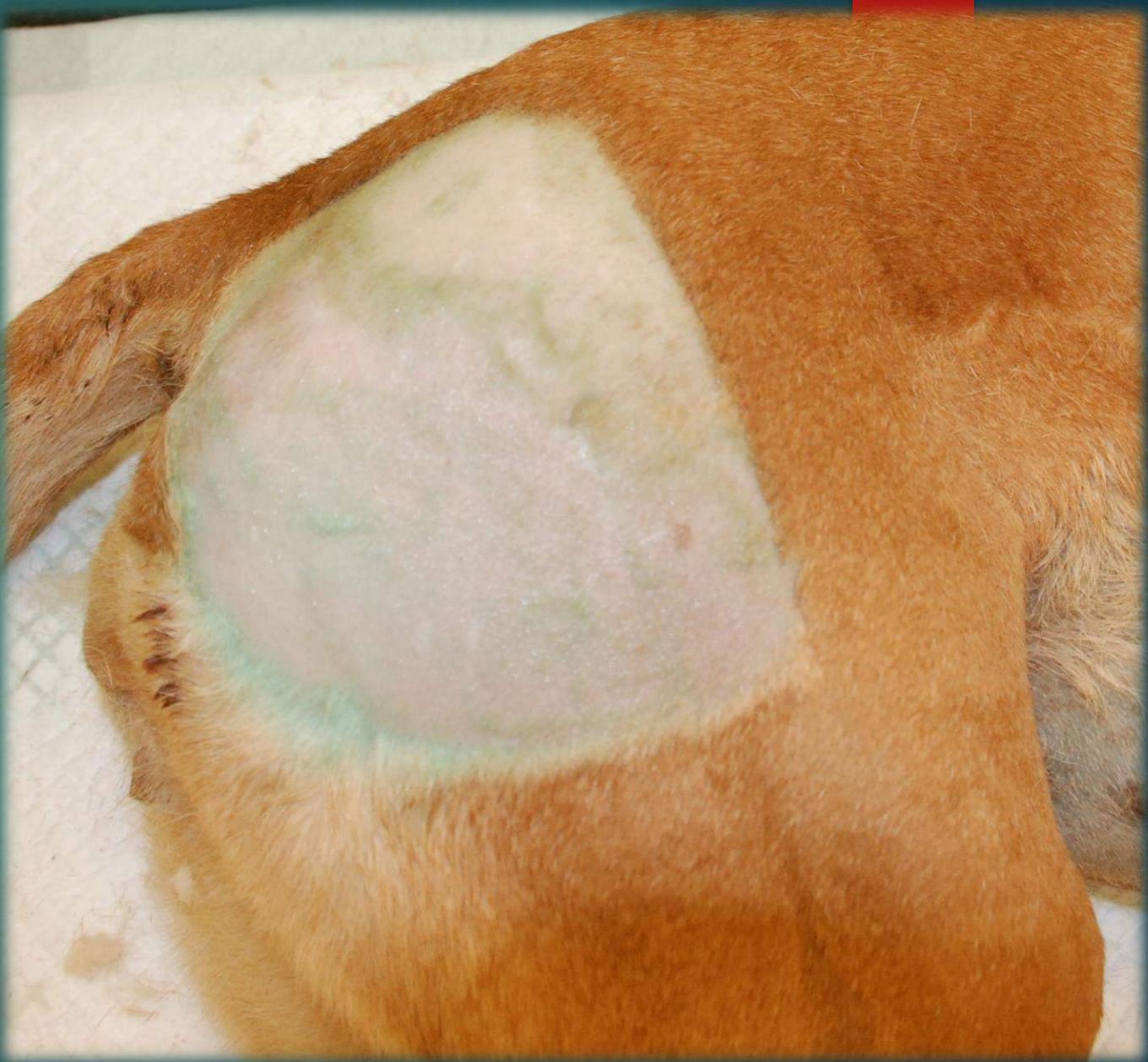


# HIP

## Dorsal Approach

## Method:

1. Lateral recumbency
2. Trimming of the hip area
3. Preparation of arthrocentesis area
4. Limb in neutral position



## Method:

1. External rotation of femur
2. Palpation of greater trochanter
3. Injection craniodorsally in front of greater trochanter
4. Aspiration





# Complications



Problem	Solution
None or little fluid in joint	none
Soft tissue in the needle	Use new or different needle – i.e. spinal needle
Joint is too shallow	Try different needle – i.e. spinal needle – short beveled needle
Excessive synovial villi or fat tissue	Twist the needle 90° and reaspire / inject the needle deeper
Needle not in the joint	Reinsert the needle



# Synovial evaluation

Fluid Type	Fluid Color	Cell Count (WBC/ $\mu$ L)	Neutrophils (%)	Mononuclear Cells (%)
Normal	Clear pale yellow	<3000	<1.4	>98.6
DJD, trauma, hemarthrosis	Clear orange	3000–5000	<10	$\geq$ 90
Immune-mediated arthritis	Cloudy yellow-white	4000–370 000	>90	$\leq$ 10
Bacterial arthritis	Cloudy yellow-white	15 000–267 000	77–95	5–23

DeNicola D, McWilliams P, Wamsley H. Introduction to Cytology of the Dog and Cat. *WSAVA Proceedings*, 2002; Granada.