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Patient Information Leaflet Shockwave Therapy

This patient information leaflet has been devised by your Consultant. It serves as a guide only. Further information can be obtained online either at www.usamahjannoun.co.uk or other useful websites with information relating to the procedure.

Shockwave therapy is a non-surgical treatment and works by delivering mechanical impulses of energy, targeted to specific damaged tissues within an abnormal tendon.

Who is Extracorporeal Shockwave Therapy suitable for?

Before shockwave therapy is considered you will have a full clinical assessment. This usually includes an ultrasound scan or MRI of the painful region involved.

Extracorporeal Shockwave Therapy treatment is a highly effective treatment available for patients with:

- Shoulder pain including calcium in the rotator cuff tendons
- Elbow pain (tennis and golfer's elbow)
- Hip pain (trochanteric bursitis)
- Thigh pain (hamstring and quadriceps muscle strain)
- Knee pain (patellar tendinopathy)
- Achilles tendinopathy
- Plantar Fasciitis

What happens during shockwave therapy?

Your consultant will work with you to identify the exact area of pain and apply a gel-like substance to the area to promote the process. A probe is pressed on to the affected area and the shockwaves are delivered through the skin. The impulses are delivered through the skin as a shockwave that spreads inside the injured tissue as an aspherical 'radial' wave. These radial shockwaves initiate an inflammation-like response in the injured tissue that is being treated, and prompts the body to respond naturally by increasing blood circulation, the number of blood vessels and therefore metabolism in the injured tissue. Shockwave therapy increases the blood flow within the affected area, stimulating cell regeneration and healing, and decreasing local factors which can cause pain.

The shockwaves are felt as pulses which are a little uncomfortable but not painful. Typically, our first treatment will start with a low level of intensity and increase this to a point where you feel comfortable. Patients are typically treated in an outpatient environment and the procedure does not require any type of sedation or anaesthetic.

Shockwave therapy treatments are usually performed at weekly intervals, usually 3 treatment sessions. Your insurer can cover further treatments if you are showing an improvement after

three sessions but your symptoms have not fully resolved. Each treatment session takes about 5 minutes.

After shockwave therapy

Many patients experience an improvement in symptoms almost immediately while others take several weeks to respond. You may notice a reddening or swelling of the area with some patients experiencing a brief increase in pain. It may take several weeks to see an overall benefit.

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General Information on Risks and Complications

The vast majority of patients having spinal injection procedures report very little if any side effects as a result of the injections. The recovery goes well and they are able to gain the pain relieving benefits shortly after having the injections.

There are however rare risks of having spinal injections. Please discuss any concerns that you have about the following information regarding the risks and complications with your consultant referring you for the procedure or Dr Jannoun who will be carrying out the procedure.

Also please urgently contact your referring consultant or Dr Jannoun's secretary or clinic in the event that you are concerned that you are suffering from the symptoms or conditions described below following the procedure, particularly if your pain gets worse, you have developed new symptoms in your back, arm, or leg, you have developed signs and symptoms of a fever confirmed by a thermometer reading, or your bladder and/or bowel function have changed in that you are involuntarily either withholding or struggling in passing either or both or you are passing either or both without your control.

- Post injection bleeding to and around the area injected
- Infection of the skin and the spine (local redness to the skin, swelling, pain, raised temperature)
- Reaction to the drugs injected

Your consultant Dr Jannoun has made every effort to prevent such events happening and will discuss these risks with you before the procedure. You will be sent this information leaflet well in advance of your procedure date and will also be provided with a further hard copy to take home with you on the day of the procedure.

Transforaminal epidurals to the neck: Extremely rare and disastrous outcomes of stroke and death have been documented in the literature following this type of spinal injection to the neck, even rarer the case when carried out in the lumbar spine. Care and thought has been taken in the injection technique being used to further reduce this risk, the type of steroids injected (low particulate), and the use of Iodine based contrast to further confirm correct needle position prior to injecting the pain relieving drug solution around the spinal nerve(s).

A rare occurring condition requiring urgent immediate medical attention is called Cauda Equina Syndrome. Cauda Equina Syndrome presents as one or a combination of the following symptoms. Most commonly these symptoms develop suddenly and may worsen rapidly, within hours or days. However some people develop symptoms gradually. This condition can occur at any time, before or after injectional or surgical treatment.

Saddle Anaesthesia • Loss of feeling between the legs • Numbness in or around the back passage and/or genitals • Inability to feel the toilet paper when wiping • Bladder disturbance • Inability to urinate (pass water) • Difficulty initiating urination (urinary hesitancy) • Loss of sensation when you pass urine. • Inability to stop or control urination (incontinence) • Loss of the full bladder sensation • Bowel disturbance • Inability to stop a bowel movement (incontinence) • Constipation • Loss of sensation when passing a bowel motion. • Inability to achieve an erection or ejaculate (Males) • Loss of sensation during intercourse

What to Know and Do Before the Procedure:

If you are coming for a procedure as an outpatient or day case under local anaesthetic, have a light breakfast or lunch and take any regular medication you usually would take but avoid

taking anti-inflammatory medications such as Ibuprofen, Nurofen, Naproxen, Aspirin on the day of the procedure. Avoid alcohol the evening before and on the day of the procedure.

If you are having your procedure under light sedation or under a light General Anaesthetic (GA), please discuss this with the Consultant Anaesthetist well in advance of the procedure. You will be required to be nil by mouth and will be allowed to drink up to a certain time before the procedure.

Make sure that all nail products are removed from your ring finger otherwise we cannot monitor you during the procedure.

Inform your consultant if:

you have reason to believe you are pregnant or you cannot rule out that you are not pregnant.

you are running a temperature (confirmed by a reading) and are feeling unwell.

you are taking blood thinning drugs (Apixaban, Rivaroxiban, Aspirin, Warfarin, Heparin, Clopidogrel,) OR you have an intolerance to iodine dye/contrast or are shellfish intolerant.

You have taken a sedative before coming for the procedure such as Diazepam.

The day of the procedure

Avoid strenuous activities all day and drink plenty of water. You may experience soreness around the injection site after the procedure. The soreness should respond to over-the-counter pain relieving tablets or by applying a local ice pack for 15 minutes. Should that not be the case, please contact your Consultant.

If you are having a transforaminal epidural, you may experience temporary weakness in your affected leg due to the anaesthetic effect that can last around six hours. The nurse will provide you with crutches if necessary. You must not drive a car or cycle on the day of the procedure. Patients having a spinal injection to the neck will have a cannula (intravenous access point) put in by the nurse; this is just a precautionary measure and the cannula will be removed before you leave the clinic.

After you leave the centre/hospital and the weeks after the procedure

The benefit of the injections may take up to two to three weeks to show so be patient. You may experience facial flushes or increase in our discomfort for the first few days. These are minor and temporary side effects of the drugs used and should completely settle without any consequences and are no cause for alarm. Rarely does facial flushing last longer. Please contact your Consultant if that is the case. For further serious risks and complications, please refer to the first page of this document.

One dose of cortisone/steroid rarely causes any disturbance to your metabolism or hormonal balance. Frequent or repeated doses of medium to high dose (over 40mg Depo steroid) can disrupt the menstrual cycle, cause postmenopausal bleeding, or any or all the side effects of long-term oral steroid use. In musculoskeletal conditions, only small doses are used infrequently so these unwanted effects are extremely unlikely to occur.

The use of corticosteroids in epidural injections is an indication that is outside the marketing authorisation (product license).

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