**Diagnostic Imaging** 



Information about having

# Ultrasound guided barbotage

(needling) of shoulder tendon calcification (calcific tendinosis)

Interventional Radiology

# What is Ultrasound guided needling of calcific tendinosis?

You have been assessed by a shoulder specialist and the symptoms you are experiencing are believed to be due to some calcification (calcium salts) within one (or more) of the tendons around your shoulder. This can be treated, as an outpatient procedure, by using a fine needle to break up these areas of calcification. We use an ultrasound probe to guide the needle to the correct location.

### Who will do it?

A specially trained doctor called a Radiologist.

#### Where will it be done?

In an ultrasound room in the x-ray department.

### When can I discuss the procedure?

You can discuss this with your referring doctor or extended scope practitioner at the clinic, and also with the Radiologist before the procedure.

### Consent

We will ask you to sign a consent form before the procedure. Please make sure that you ask any questions you may have. When signing the form you should know what we plan to do, alternative treatments, and any risks or complications of the procedure.

## What preparation is required before the procedure?

You will need to undress and wear a hospital gown.

You should not drive home after the procedure, and should make other transport arrangements.

#### What happens during the procedure?

We perform a diagnostic ultrasound scan to confirm the location and extent of tendon calcification as well as to check there are no other tendon problems.

We clean the skin with antiseptic and place a sterile towel around the shoulder. We inject a local anaesthetic under the skin and around the tendon. We use the ultrasound to guide a needle into the area of calcification. We insert the needle repeatedly to break the calcification, while injecting more anaesthetic around the area. Sometimes some of the calcification can be withdrawn into the syringe. At the end of the procedure we inject some steroid around the shoulder tendons.

### How long will it take?

This can vary for a number of reasons however you can expect to be in the department for about 30 - 45 minutes.

### What happens afterwards?

You will be able to leave the department immediately after the procedure. We advise you not to drive for the rest of the day. Most patients are able to return to driving the following day, but you should not drive until you feel safe.

### Are there any risks?

This is a safe procedure but as with any medical treatment some risks and complication can arise.

As with any procedure where the skin is penetrated, there is a risk of a small amount of bruising and bleeding (similar to a blood test), as well as infection.

### **Ongoing Care**

You may find following the procedure your shoulder is more uncomfortable for a few days. You should continue to take any usual painkillers as required (make sure you do not exceed the maximum dose).

You should continue with any exercises you have been told to do.

You should seek medical advice (to exclude infection) if any of the following occur following your procedure:

- the skin over your puncture wound becomes red and inflamed
- your shoulder pain becomes much more severe
- your range of movement becomes much more restricted

You should have a follow up appointment with the specialist who referred you for the procedure. Please note it can take several weeks or longer for the maximum benefit of the procedure to become apparent.



