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Chronic Pain Management

(MSP, expedited WCB, ICBC and
private consultations)

Baker's cyst
Trigger points/myofascial

Cortisone injections:

Epidural Steroid Injections (Back or Neck)
Knee or Hip or shoulder joints

Carpal Tunnel

Tennis elbow

Botox/migraine

NOT FOR THIRD PARTY RELEASE UNLESS AUTHORIZED

Knee Pain Handout

Your doctor has asked me to see you for your ongoing knee pain. As patients grow older, one of the most common causes of knee pain is due to Osteoarthritis. Common symptoms include: pain made worse by walking, swelling, limping, or crepitus (grating sound or sensation). Knee pain could also be referred from the spine due to a pinched nerve. Other common causes include: gout, bursitis, or a meniscus tear. Diagnosis is usually made by your family doctor and confirmed by imaging such as an X-ray or an MRI (which unfortunately takes a few months).

Common conservative treatments include: rest, use of a knee brace or a walking aid such as a cane, physio, massage, or acupuncture. Medications to try for ongoing knee pain include: over the counter acetaminophen (Tylenol) or anti-inflammatories such as ibuprofen (Advil), assuming this is permitted by your doctor, who maybe worried about your stomach, kidney or heart disease. There are many other prescription medications and various creams pain available. However, if at all possible, ideally patients should try to avoid narcotic containing medications such as Tylenol #3, Tramadol, Percocet, Morphine, Dilaudid etc. These may help with some pain relief, but they may have potentially long term side effects which you should discuss with your doctor.

Your doctor has asked me to see you in consultation to talk to you, examine your knees, review any available imaging (x-ray or MRI), and perhaps give you an injection to help with your pain. This may be useful for symptom relief to help you with your pain and mobility, especially while you are waiting for your MRI or an Orthopedic Surgical consultation, which can be many months away. If you do not want surgery or your surgeon has told you that surgery is not an option for you, then an injection to help with your pain and mobility may be a reasonable option for you.

There are two types of injections: one is cortisone (Depo-Medrol), a drug which is man-made and is very similar to a hormone produced in the adrenal gland located above the kidney. It has powerful anti-inflammatory effects which can decrease swelling and pain.

The other is viscosupplementation with hyaluronic acid, such as Durolane, Monovisc and others. This is normally naturally occurring within the knee joint, however, its level is decreased as we age. It is man-made into a thick viscous gel and injected into knee joint. It is claimed by the manufacturer to have anti-inflammatory, nutritional, pain reliving and lubricating properties, however, it can be cost prohibitive (few hundred of dollars) for some patients.

There are other even more expensive injections such as PRP (platelet rich plasma centrifuged or spun at moderate or high speeds) or stem cell therapy. However, it is thought by many in the medical community that the science for these treatments is still in the early stages compared to more established treatment options. It is not clear that it is any more effective, certainly given the costs.

The injection is a very simple and short outpatient procedure, no more painful than a regular flu shot. There are minimal risks, other than some minor bleeding or a very small chance of infection (sterile technique and single use vials of drugs and needles are standard operating procedure).

I hope you have found this patient handout informative. I would be pleased to answer any questions that you may have.

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SEPTEMBER 10, 2016**