

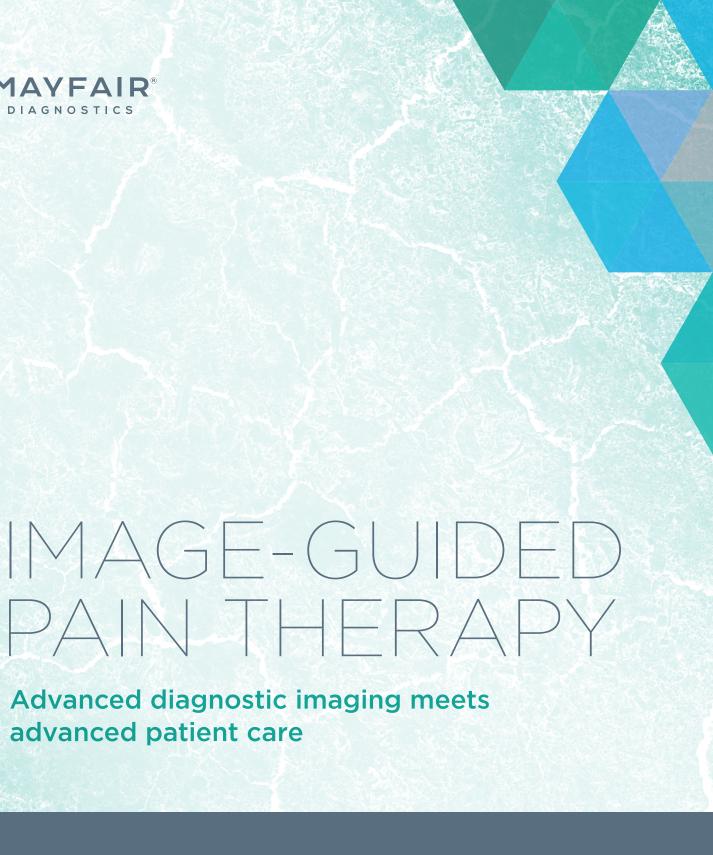
Image-guided pain therapy services are now available at our Mahogany Village location.

Using current medical knowledge and image guidance, we offer comprehensive, minimally invasive procedures to diagnose and manage your patient's symptoms.

MAYFAIR DIAGNOSTICS



132, 6707 Elbow Dr. SW, Calgary, AB T2V 0E3 **T** 403.777.3000 **F** 403.777.3008 radiology.ca



A LOOK AT

IMAGE-GUIDED PAIN THERAPY INJECTIONS

Mayfair's experienced and sub-specialized radiologists, and extended pain therapy team, have years of experience treating musculoskeletal and spine pathology. We use low-dose fluoroscopic or ultrasound guidance to accurately target anatomic areas of interest and best treat your patients' pain. These procedures are low risk and can provide relief within a few days to weeks.

Joint Therapies

CORTISONE (STEROID) INJECTIONS

This medication can be injected into joints to decrease inflammation and reduce pain. Injections are performed under X-ray guidance to ensure an intra-articular location. This treatment is used to treat joint pain associated with osteoarthritis or inflammatory arthritis, and relief may last 3-6 months. If successful, repeat injections can be performed, up to four times per annum. Repeated steroids are associated with cartilage thinning and can cause AVN/joint collapse. Subsequent non-steroidal injections (see below) should also be considered. For patient safety, we suggest a maximum total steroid dose annually and can provide suggestions on alternatives at your request.

PLATELET-RICH PLASMA (PRP)*

A safe treatment which has shown benefit in osteoarthritis and some non-operative joint conditions, like nondisplaced meniscal tears. PRP is derived from the patient's blood and injected under X-ray guidance. It stimulates the body's own immune system to repair the joint. For maximum benefit, we recommend a series of three joint injections, 2-4 weeks apart.

Single injection	\$450**
Series of three, total cost	\$1050

VISCOSUPPLEMENT* (HYALURONIC ACID) INJECTIONS

Hyaluronic acid (HA) is present in healthy cartilage and injections can improve mobility, reduce pain, and stimulate joints to produce even more HA. Injections are performed under X-ray guidance to ensure an intra-articular location and relieve pain from osteoarthritis or mechanical difficulties in joints. Hips, knees, and ankles are the most commonly treated,

and relief lasts up to 12 months. We provide all HA products (Durolane, Monovisc, Neovisc, Synvisc, and others) onsite to patients at cost, including newer generation products containing HA and steroid (Cingal).⁺

A prescription is required. For maximum relief, we advise an initial diagnostic steroid injection at least two weeks before HA injections (except Cingal).

Soft Tissue Therapies

CORTISONE (STEROID) INJECTIONS

This medication can be injected under ultrasound or X-ray guidance to treat inflammation of a bursa or around a tendon (tenosynovitis). If successful, repeat injections can be performed, although non-steroidal therapies (see below) should be considered.

TENOTOMY (TENDON FENESTRATION) THERAPY

This treatment helps inflamed or torn tendons, fascia, or ligaments through a process similar to acupuncture. Using a small needle, tiny holes are made under ultrasound guidance to stimulate local healing. This is beneficial for nonretracted tendon



Ultrasound-guided patellar tendon tenotomy

tears, tendinopathy, fasciitis, or ligament sprains. An initial diagnostic injection with steroid is advised before this procedure is considered. Common sites of therapy include lateral epicondylitis, plantar fasciitis, or rotator cuff tendinopathy.

Soft Tissue Therapies (Cont.)

PLATELET-RICH PLASMA (PRP)*

For a more effective and accelerated treatment of new or chronic soft tissue injuries, we advise PRP augmentation. PRP is derived from the patient's blood and injected under ultrasound guidance while performing fenestration (as described previously). We arrange a follow-up ultrasound six months after the treatment for reassessment, and to plan additional procedures if required. A single treatment is often adequate with results apparent starting at four weeks and healing continuing over months. Clinical indications are similar to those listed previously.

Single injection \$450**

PROLOTHERAPY*

Another option to augment healing by injecting a sterile dextrose solution with a small amount of anesthetic. This injection is combined with needle fenestration (as described previously). This can be used to treat tendon, ligament, or chronic muscle injuries. We arrange a follow-up ultrasound six months after the treatment for reassessment, and to plan additional procedures if required. A series of treatments may be recommended. The results of a single treatment should be apparent after six weeks.

\$400** Single injection

TENDON CALCIFICATION THERAPY

Calcium can often build up in tendons and tissues near a joint, which causes pain and makes movement difficult. Treating this calcium can help permanently reduce pain. We use ultrasound to localize the deposit and remove the calcium with a needle. After the treatment, a local steroid is injected to reduce inflammation. We arrange a follow-up ultrasound six months after the treatment for reassessment, and to plan additional procedures if required. Calcium deposits must meet specific size criteria to be amenable to this procedure. We advise a diagnostic bursal steroid injection before this procedure is considered.

BOTOX MUSCLE INJECTIONS*

Effective in treating some chronic muscle pain syndromes, Botox is injected into the muscle under ultrasound guidance. This results in relaxation of the muscle and decreases local pain. A prescription is required (100 units) and patients must bring the Botox to their appointment.

Spinal Therapies

EPIDURAL INJECTIONS

An epidural injection into the spinal canal treats low back symptoms related to canal narrowing or nerve compression from a disc herniation or degenerative disease. Using X-ray guidance, we inject an anesthetic and steroid around nerves into the spinal canal (interlaminar) or exiting the spinal canal (transforminal) to help relieve symptoms. Patients often experience relief within 3-7 days, which can last 3-6 months and, in some cases, even longer. We suggest a prior MRI to confirm exact pathology, select the best injection site, and avoid unnecessary procedure complications.

FACET/SACROILIAC JOINT (STEROID) INJECTIONS

This treatment can relieve focal back pain generated by inflammation or arthritis at these joints. A bone scan with SPECT/CT can be considered to accurately identify active joint inflammation if there is clinical uncertainty. These injections typically relieve pain for 3-6 months. If successful, repeat injections can be performed, although other, longer lasting treatments may be appropriate (see below).

RADIOFREQUENCY ABLATION (RFA)

This treatment uses radiofrequency energy to heat tissue in a very small area (5mm) to nullify the specific pain nerves feeding facet joints, a common cause of back pain. We target these nerves based on the results of previous diagnostic injections to the medial branch nerves. We use X-ray guidance to precisely place a small needle next to the targeted nerve and then radiofrequency waves are generated at the needle tip. Patients often experience facet joint symptom relief for 9-18 months.

- * These treatments are NOT covered by Alberta Health Care.
- the pain therapy department for more information.
- Medications are provided at cost, but prices vary depending on dosage and manufacturer. Please contact our pain therapy department for the most current price.

Prices are correct at the time of printing. Please contact the pain therapy department for the most current pricing.