



Drug Monitor

ONLINE EDITION

Joint Injections Don't Raise Bleeding Risk

It isn't necessary to reduce the level of anticoagulation before joint injections and aspiration, say researchers from the Regions Hospital in St. Paul, Minnesota, and the University of Minnesota in Minneapolis, Minnesota. The procedures can be done safely in patients on warfarin, without risk of increased bleeding.

The retrospective study compared 640 arthrocentesis and joint injection procedures performed in 514 patients on anticoagulation: 456 procedures performed in patients with an international normalized ratio (INR) > 2.0

and 184 procedures in patients with an INR < 2.0 . Most injections involved knees and shoulders. Antiplatelet therapy was routinely continued in all patients throughout the periprocedural period.

The researchers found minimal risk of periprocedural bleeding and no increased risk for overall complications. Only 1 patient, whose INR was 2.3, had clinically significant bleeding. In fact, 103 procedures were performed in patients with INR > 3.0 , with no complications; the highest INR was 7.81.

Four patients accounted for 5 early or late complications. One procedure in the INR ≥ 2.0 group resulted in in-

fection. Three patients returned because of pain; 1 was the patient with clinically significant bleeding. There was no statistically significant difference in early and late complications between patients with an INR ≥ 2.0 and those whose anticoagulation was adjusted to an INR < 2.0 .

The researchers say, to their knowledge, this is the first study comparing 2 strategies of anticoagulation management in patients on chronic warfarin therapy undergoing joint aspiration and injection. ●

Source: Ahmed I, Gertner E. *Am J Med.* 2012;125(3):265-269.
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