



PATIENT INFORMATION BOOKLET

Arthroamid® Injection

A non-surgical treatment option for knee osteoarthritis symptoms

A balanced guide to suitability, evidence, treatment, aftercare, benefits and risks

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About this booklet

This booklet explains Arthrosamid® injection for adults with symptomatic knee osteoarthritis. It covers how the implant is intended to work, who may or may not be suitable, what happens before and during treatment, the published evidence, possible side effects, aftercare, alternatives and questions to discuss with Mr Kenan Dehne.

Important

Arthrosamid® is a treatment for symptoms; it does not cure osteoarthritis or regrow cartilage. Individual results vary, some people do not improve, and treatment does not guarantee that knee replacement will be avoided. Your personal medical advice and consent discussion take priority over this booklet.

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Quick guide

Treatment

One 6 mL injection

Setting

Outpatient / same day

Anaesthetic

Local anaesthetic

Typical procedure

Around 30 minutes

Response

Varies between patients

Published follow-up

Up to five years

Understanding knee osteoarthritis

Osteoarthritis affects the whole knee joint. Changes can involve cartilage, bone, the menisci, ligaments, muscles and the synovium—the tissue lining the joint. Symptoms may include pain, stiffness, swelling, reduced confidence and difficulty with walking, stairs, work, sleep or exercise.

A whole-treatment plan

Management usually combines information, tailored exercise and activity, weight management where appropriate, medicines or topical treatments, walking aids or braces, injections, and surgery when symptoms remain severe. NICE recommends that decisions reflect the individual's needs, preferences and values. [1]



Figure 1: A healthy knee and a knee affected by osteoarthritis. Assessment—not this illustration—determines your diagnosis and options.

Shared decision-making

Arthrosamid® is one option within a broader knee-osteoarthritis plan. Assessment should consider your diagnosis, symptom pattern, previous treatments, general health, goals and the full range of non-surgical and surgical alternatives.

What is Arthrosamid®?

Arthrosamid® is a sterile, transparent, non-absorbable injectable hydrogel implant. It contains 2.5% cross-linked polyacrylamide and 97.5% non-pyrogenic water. The official indication is symptomatic treatment of adult patients with knee osteoarthritis. [2]

How it is intended to work

After injection into the knee joint, the hydrogel becomes incorporated into the synovial tissue of the inner joint capsule. The manufacturer describes a stable, cushion-like layer that decreases stiffness, diminishes pain and improves knee function. The implant is non-absorbable and non-biodegradable. The exact biological pathway responsible for symptom improvement is still being studied. [3]

From injection to possible benefit

Hydrogel placed
inside the joint



Integrates with
synovial tissue



May reduce pain
and stiffness

When might improvement be noticed?

Some patients notice change within the first few weeks, while others improve more gradually. JointClinics usually advises allowing approximately 4–12 weeks before judging the early response, and benefit may continue to develop beyond this. Improvement is not guaranteed.

A permanent implant

Because the hydrogel is not absorbed, tell future doctors, surgeons, dentists and other healthcare professionals that you have an Arthrosamid® implant. Discuss any future major operation or dental procedure with the treating clinician, including whether additional infection precautions are needed.

Who may be considered?

Arthrosamid® may be discussed with adults who have symptomatic knee osteoarthritis and want a non-surgical option after appropriate assessment. It may be considered when exercise, activity modification, weight management, medicines, braces or other measures have not provided sufficient relief, or when surgery is not currently preferred or appropriate.

Suitability is not decided by age or an X-ray alone. Mr Dehne will review your symptoms, examination, imaging, previous injections, medical history, medicines, allergies, infection risk, other knee conditions and expectations.

Arthrosamid® should not be injected if

Infection or inflammation

There is active skin disease or infection at or near the injection site, or the knee joint is infected or severely inflamed.

Previous implant

You have received another non-absorbable injectable or implant in the knee, a knee replacement, or other foreign material in the knee.

Recent arthroscopy

You have undergone knee arthroscopy within the previous six months.

Bleeding risk

You have haemophilia or uncontrolled anticoagulant treatment. Never stop prescribed blood thinners without medical advice.

A degradable intra-articular product, such as hyaluronic acid, must have been absorbed according to that product's information before Arthrosamid® is injected. A different non-absorbable implant must not be injected afterwards. Corticosteroid must not be injected together with Arthrosamid®. [2]

Extra caution or insufficient evidence

Tell the team if you have an infection elsewhere, an autoimmune condition, uncontrolled diabetes, planned major dental work or surgery, or if you are pregnant or breastfeeding. Safety and effectiveness have not been established in people under 18, pregnant or breastfeeding patients, or patients with foreign material implanted in the knee. [2]

Bring a complete history

Provide details of all medicines, anticoagulants, allergies, previous knee surgery, injections, implants, recent infections, dental plans and other health conditions. This information can change whether and when treatment is appropriate.

What does the evidence show?

Published studies suggest that some people experience meaningful improvements in pain, stiffness and function after a single 6 mL injection. The evidence is promising but must be interpreted carefully.

One-year prospective study

In a multicentre open-label study, 49 participants received an ultrasound-guided injection and 46 completed the 52-week assessment. Mean WOMAC pain improved by 17.7 points on a 0–100 scale from baseline, and 62.2% met the OMERACT–OARSI responder criteria at 52 weeks. No new adverse events between 26 and 52 weeks were judged device-related. [3]

Five-year extension

Thirty-five participants entered the extension and 27 completed five-year follow-up. The planned analysis found sustained average improvements from baseline in pain, stiffness, physical function and patient global assessment. No serious adverse events in the extension were attributed to the device. [4]

Follow-up	Participants	What was observed
52 weeks	46 completers	Average improvements in pain, stiffness and function; 62.2% classified as responders.
Five years	27 of 49 original participants	Average improvements remained statistically significant in the planned analysis; no serious event was attributed to the device.

Important limitations

What these studies cannot prove

The long-term study was open-label, small and did not include a placebo or alternative-treatment control group. Participant loss over time may bias results because people who benefited may have been more likely to continue. The research was sponsored by the manufacturer. These findings describe average study outcomes and do not predict an individual result. Further comparative research is needed.

Preparing for treatment

Your assessment confirms the diagnosis and whether Arthrosamid® is a reasonable option. The team will review your medicines, allergies, general health, previous injections and operations, and any current or recent infection.

Before the appointment

- Follow the clinic's instructions about medicines. Do not stop anticoagulants, diabetes medicines or other prescribed treatment unless specifically advised.
- Tell the team about antibiotic allergies and previous reactions to local anaesthetic, chlorhexidine or injections.
- Report fever, illness, dental infection, skin damage, redness or infection near the knee before attending.
- Wear loose clothing that gives easy access to the knee and arrange transport if recommended.
- Ask what the quoted fee includes and confirm current pricing before treatment.

Infection prevention

The official instructions require a single prophylactic antibiotic dose before injection. The clinician selects and prescribes the antibiotic regimen after reviewing allergies, interactions and individual risks. Do not obtain or take antibiotics independently for this procedure. [2]

Current JointClinics price

The listed price is from £3,200 per knee and the website states this includes consultation, ultrasound-guided injection and follow-up. Prices and inclusions can change; confirm the current total with JointClinics before booking.

The injection appointment

Arthrosamid® is administered by a qualified clinician familiar with injections inside the knee joint. The procedure is performed using aseptic technique, local anaesthetic and the required antibiotic prophylaxis. JointClinics uses ultrasound guidance to support accurate placement.



Figure 2: Ultrasound assessment and guidance.



Figure 3: Injection into the knee joint under sterile conditions.

Typical steps

1

Final safety check

Your identity, knee, allergies, medicines, infection risk and consent are confirmed.

2

Preparation

The skin is cleaned thoroughly and local anaesthetic is used. Any significant joint fluid may be removed first.

3

Ultrasound-guided injection

A total of 6 mL is injected into the knee joint using sterile technique.

4

Observation and discharge

A small dressing is applied. You are observed as required and can normally leave the clinic the same day.

During the injection

You may feel pressure or discomfort despite local anaesthetic. Tell the clinician immediately if you feel severe pain, tingling, faintness, breathing difficulty or another unexpected symptom.

Aftercare and recovery

Your clinician's instructions take priority. Mild-to-moderate knee pain, fullness or swelling may occur after injection and can last from days to weeks; the official information notes that symptoms may sometimes continue for longer. Baker's cyst swelling may also occur. [2]

First few days

Activity

Keep activity gentle. Avoid strenuous exercise such as running, tennis or long walks during the first few days, and follow any additional restrictions given by the clinic.

Injection site

Keep the dressing and skin clean. Do not rub or apply unapproved creams to the site. Follow the clinic's advice about bathing and dressing removal.

Comfort

Use only pain relief that is safe for you and agreed with your clinician, pharmacist or usual doctor.

Return to routine

Many people resume ordinary activities within a few days, but increase activity according to comfort and the treatment team's advice.

Follow-up

Improvement may be gradual. Keep a simple record of pain, stiffness, walking, sleep and activity rather than judging the result from one good or bad day. Attend the planned follow-up so response, side effects and next steps can be reviewed.

Permanent-implant reminder

Tell any future healthcare professional or dentist that you have a permanent Arthrosamid® implant. Before a future operation or major dental procedure, discuss whether specific infection precautions are appropriate.

Benefits, limitations and alternatives

The aim is to reduce knee osteoarthritis pain and stiffness and improve function without an operation. A single treatment and same-day appointment may be attractive to suitable patients. Published follow-up now extends to five years in a small open-label cohort.

However, Arthrosamid® does not rebuild cartilage, correct major deformity, treat every source of knee pain or guarantee avoidance of surgery. Symptoms may stay the same or worsen, and the implant is permanent. A decision should balance these uncertainties with the burden and likely benefit of other options.

Other options to discuss

Option	Role in care
Education, exercise and physiotherapy	Core treatment to improve strength, confidence, movement and self-management.
Weight management	May reduce joint load and improve symptoms when weight loss is appropriate and achievable.
Medicines and topical treatments	Can help pain for some people; benefits and risks depend on health, medicines and duration of use.
Walking aids, footwear or brace	May improve confidence or reduce load in selected situations.
Other injections	Corticosteroid or other injectable options may be discussed; duration, evidence, timing and suitability differ.
Knee replacement	Considered when pain and functional limitation remain severe despite appropriate non-surgical treatment.

No universal best treatment

The most appropriate option depends on the cause and severity of your symptoms, imaging, previous treatment, general health, priorities and willingness to accept uncertainty or recovery.

Risks, side effects and when to seek help

No injection is risk-free. The following information supports, but does not replace, an individual consent discussion.

Commonly reported effects

- Knee or injection-related pain, usually mild to moderate.
- A feeling of fullness or swelling in the knee.
- Swelling of an existing Baker's cyst behind the knee.
- Temporary restriction of comfortable activity.

Less common but important risks

Infection can occur after an invasive joint procedure and requires urgent assessment and antibiotic treatment. Other possible problems include bleeding, bruising, reaction to local anaesthetic, antibiotics or skin preparation, fainting, or failure to improve. Seek personalised advice about any additional risk related to your health or medication.

Contact JointClinics or urgent care promptly

Increasing redness, heat or swelling; fever or feeling significantly unwell; worsening pain rather than gradual settling; discharge from the injection site; a very swollen knee or Baker's cyst; new calf pain or swelling; or an allergic rash.

Call 999 for an emergency

Severe breathlessness, chest pain, collapse, facial or throat swelling, difficulty breathing, or another severe or rapidly worsening symptom.

Reporting device problems

Tell the treating clinician about any suspected complication. Medical-device problems can also be reported to the UK Medicines and Healthcare products Regulatory Agency through the Yellow Card scheme: yellowcard.mhra.gov.uk.

Frequently asked questions

Is Arthrosamid® a steroid or hyaluronic-acid injection?

No. It is a non-absorbable 2.5% polyacrylamide hydrogel implant. Its composition, mechanism, duration, precautions and infection-control requirements differ from corticosteroid and hyaluronic-acid injections.

Will it work for five years?

Five-year average improvements were reported in a small open-label extension study, but only 27 of the original 49 participants completed five-year follow-up. The result for an individual cannot be predicted or guaranteed.

Can both knees be treated?

Both knees may be considered, but diagnosis, suitability, timing, antibiotic exposure, aftercare and cost should be discussed individually with Mr Dehne.

Can I still have knee replacement later?

Arthrosamid® is intended to treat symptoms and does not remove the possibility of future knee replacement. Tell the arthroplasty team about the permanent implant. Timing and infection precautions require specialist discussion.

When can I exercise?

Avoid strenuous activity for the first few days and follow your clinic instructions. Return gradually according to pain, swelling, function and any other knee problem. Exercise remains an important part of osteoarthritis care.

What if it does not help?

The diagnosis, timing and response should be reviewed. Further treatment may include rehabilitation, medicines, braces, alternative injections or surgery depending on your knee and goals. Do not arrange another non-absorbable implant in the treated knee.

How do I book?

Visit jointclinics.co.uk/services/arthrosamid, telephone **07553 209288**, or request an assessment through the JointClinics website.

Follow-up and your treatment record

Keep a record of the product and treatment. Bring this information to future knee, medical, surgical and dental appointments.

Your key details

Treatment date	
Knee treated	
Clinic / hospital	
Product batch / lot	
Antibiotic given	
Injecting clinician	
Follow-up date	
Urgent contact number	

Questions to ask

- What evidence supports Arthrosamid® for someone with my pattern and severity of knee osteoarthritis?
- What are my alternatives, including no injection and knee replacement?
- Which health conditions, medicines or previous injections change my risk?
- What antibiotic and local anaesthetic will be used, and what should I do about allergies?
- What activity should I avoid and when will my response be reviewed?
- What exactly is included in the price and follow-up?

Medical information notice

This booklet provides general educational information and does not replace personalised medical advice, examination, consent, prescribing information or instructions supplied with the medical device. If this booklet differs from advice given by your treating team, follow your treating team's instructions. In an emergency, call 999.

JointClinics contact

Appointments and enquiries

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3. Bliddal H, Beier J, Hartkopp A, Conaghan PG, Henriksen M. **Effectiveness and safety of polyacrylamide hydrogel injection for knee osteoarthritis: results from a 12-month follow up of an open-label study**. Journal of Orthopaedic Surgery and Research. 2024;19:274. [PMC11064315](https://pubmed.ncbi.nlm.nih.gov/411064315/)
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Evidence context

The one-year and five-year studies were sponsored by the manufacturer, and some authors reported financial relationships with Contura. The long-term study was open-label, single-arm and affected by participant attrition. These factors are important when interpreting the reported benefits.

Document control

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