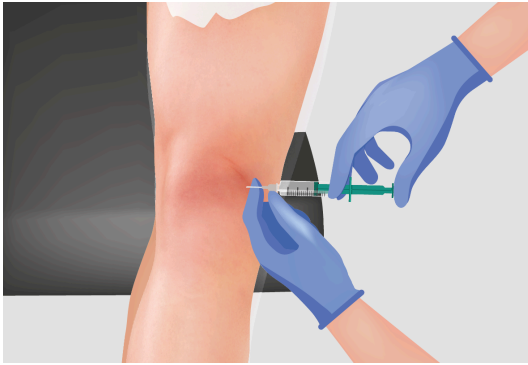


ONE-PAGE PATIENT SUMMARY

Arthrosamid® Injection

Symptom treatment for adults with knee osteoarthritis



Injection into the knee joint under sterile conditions (source booklet Figure 3).

A permanent hydrogel implant for knee osteoarthritis symptoms

Arthrosamid® is a non-absorbable 2.5% polyacrylamide hydrogel injected into the knee joint. It aims to reduce knee osteoarthritis symptoms, not cure arthritis or regrow cartilage. It becomes incorporated into synovial tissue; its exact mechanism is still being studied.

Who it may suit

- Adults with symptomatic knee osteoarthritis may be considered after individual assessment.
- Symptoms may include pain, stiffness, swelling and difficulty with daily activity.
- Often considered after exercise, activity change, medicines or bracing give insufficient relief.
- Not suitable after knee replacement or another non-absorbable implant in the knee.
- Safety and effectiveness are not established under 18, in pregnancy or breastfeeding.

Your treatment pathway

1 Assessment

Assessment reviews symptoms, examination, imaging, previous treatment, health, medicines, allergies, infection risk and goals. Suitability is not based on age or X-ray alone.

2 Prepare safely

Follow medicine advice; report illness, fever, dental infection or damaged skin. The clinician prescribes the required single preventive antibiotic dose.

3 Guided injection

Using aseptic technique, local anaesthetic and ultrasound guidance, the clinician may remove excess fluid before the 6 mL injection. Report severe pain, tingling, faintness or breathing difficulty immediately.

4 Discharge

A small dressing is applied, with observation as needed. You normally leave the clinic the same day.

Aftercare and recovery

1 First few days

Keep activity gentle; avoid running, tennis and long walks. Keep the dressing and skin clean; do not rub or apply unapproved creams.

2 Return gradually

Pain, fullness or swelling may last days to weeks, sometimes longer. Resume routine activity gradually, according to comfort and clinic advice.

3 Follow-up

Record pain, stiffness, walking and activity. Follow-up reviews response, side effects and next steps.

Response and future care

Early response is usually judged after about 4–12 weeks, although improvement may continue and is not guaranteed. Because the implant is permanent, tell future doctors, surgeons and dentists, and discuss infection precautions before major procedures.

When to seek urgent help

Seek prompt help for increasing redness, heat or swelling; fever; worsening pain; discharge; a very swollen knee; new calf pain or swelling; or allergic rash. Call 999 for severe breathlessness, chest pain, collapse, facial or throat swelling, or difficulty breathing.

Important exclusions and rules

Do not inject with active infection or severe inflammation, a knee replacement or other non-absorbable knee implant, recent arthroscopy, haemophilia or uncontrolled anticoagulation. Never combine with corticosteroid or follow it with another permanent implant. Do not stop blood thinners without advice. It cannot regrow cartilage or guarantee avoiding replacement.

Need advice tailored to you? This poster supports, but does not replace, individual assessment or consent.

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