


STANDARD OPERATING PROCEDURE (SOP)	Issue date: 08/03/2023	
Trust Reference: C29/2019	Revision date: January 2023	
University Hospitals of Leicester 	Review date: January 2026	
Leicester General Hospital (LGH)	Page 1 of 12	Version: 2

## Musculoskeletal Minor Operation(s) Treatment Room and Local Anaesthetic Operation(s) Standard Operating Procedure UHL Musculoskeletal (LocSSIPs)

<b>Change Description</b> <input type="checkbox"/> Change in format	<b>Reason for Change</b> <input checked="" type="checkbox"/> Trust requirement
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APPROVERS	POSITION	NAME
Persons Responsible for Procedure:	Orthopaedic Surgeons Advanced Orthopaedic Practitioner	Orthopaedic Surgeons Mr MA Hughes
SOP Owner:	Consultant Orthopaedic Surgeon	Mr K Boyd
Sub-group Lead:	Consultant Orthopaedic Surgeon Specialist Nurse Specialist Nurse	Mr SP Godsiff Chloe Dubson Gayatri Modha

Appendices in this document:

**Appendix 1: UHL Safer Surgery Elective & Sports and Exercise Medicine (SEM) Procedures in SEM Department Checklist**

**Appendix 2 : Patient Information Leaflet for Procedure** Available at:

[Having a nerve root block injection for pain \(leicestershospitals.nhs.uk\)](https://leicestershospitals.nhs.uk)

[Joint and soft tissue injections \(leicestershospitals.nhs.uk\)](https://leicestershospitals.nhs.uk)

### Introduction and Background:

UHL's Musculoskeletal service (Trauma, Orthopaedics and Sport & Exercise Medicine (SEM)) undertakes a number of minor surgical procedures under Local Anaesthetic in clean treatment rooms based in the SEM department at Leicester General Hospital.

Typically these include:

- |                                     |  |
|-------------------------------------|--|
| - Carpal Tunnel Decompression       | Nerve Root Blocks (NRB)                |
| - Trigger finger Release            | Joint Injections                       |
| - Excision of minor 'lumps & bumps' | Aspirations and soft tissue injections |


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**Authors:** Mr K Boyd

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- Nail / nail bed surgery
- Percutaneous removal of metalwork
- Knee arthroscopies

Evidence exists that such procedures can be safely achieved under Local Anaesthetic and without increased risk of complications. Patient satisfaction is extremely high undergoing these surgeries in an out-patient environment.

This LocSSIP covers surgical procedures that take place under Local Anaesthetic within the SEM clean room environment.

#### Never Events:

#### List management and scheduling:

Patients are listed following outpatient consultation and are managed on an appropriate RTT pathway. Suitable patients are identified by Consultant surgeons and their teams (including Extended Scope Practitioners). Decision making is dependent on the suitability of the procedure to be performed under a Local Anaesthetic, any special requirements or considerations, the potential for additional procedures and patient preference.

Lists are determined and ordered by treating clinician typically 1-6 weeks in advance.

Lists are produced by the clinic administration team.

Changes are only applied after direct communication with the treating clinician.

DNAs will be pursued by the administration team to determine the reason for non-attendance.

Patients removed from the Waiting list will receive direct communication by letter, copied to the GP.

#### Patient preparation:

Patients undergo procedures under Local Anaesthetic alone, and no fasting requirements are required pre-operatively.

Pre-procedural preparation is undertaken as required example (e.g.)

- Infection control procedures are performed in advance for patients undergoing treatment.
- Blood tests are not typically required but may on occasion be indicated as determined by the clinician in charge
- If imaging is required during the course of the procedure a mini-C Arm Fluroscan must be available in the department during the procedure with a trained radiographer / individual trained to use it.


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- If ultrasound is required an ultrasound machine must be available and operated by a trained clinician performing the injection.
- Anti-coagulants will be managed as required with reference to UHL's Anticoagulant Bridging Therapy Policy
- Diabetic patients will continue to manage their own glycaemic control.

The clinical presentation and treatment options will be reviewed by the treating clinician with the patient on attendance.

The treating clinician is responsible for checking relevant imaging and investigations.

Patients will undergo written consent completed by the treating clinician including discussion of the risks and benefits following UHL consent guidelines.

Antiseptic skin preparation and sterile gloves will be used in all cases.

Gowns and appropriate drapes will be used as determined by the procedure.

None of the procedures undertaken require antibiotic or chemical thromboprophylaxis.

Volume and type of Local Anaesthetic will be determined, checked and administered by the treating clinician.

#### Shared Decision making

All patients have the right to be involved in decisions about their treatment and care and be supported to make informed decisions if they are able. The exchange of information between doctor and patient is essential to good decision making. Serious harm can result if patients are not listened to or if they are not given the information they need - and time and support to understand it - so they can make informed decisions about their care. Doctors must be satisfied that they have a patient's consent or other valid authority before providing treatment or care.

Patients will not be swabbed for COVID-19 for these procedures.

All members of staff will wear appropriate PPE in line with current trust guidelines.

#### Workforce – staffing requirements:

Minimum staff requirements are the

- operating clinician,
- a non- scrubbed theatre practitioner / HCA and
- a clinic co-ordinator.

For procedures requiring scrubbed assistance at least one other non-scrubbed practitioner will be present. No list is scheduled for out of hours use.

The SEM department frequently has additional clinical staff and registered nurses available to support if necessary. It is also adjacent to OPD 4 and opposite Ward 18 (Orthopaedic Admissions ward) where further trained staff and the resuscitation trolley is located.

Students and new members of staff will undergo an appropriate induction to the SOPs.

The treating clinician has the responsibility to cancel procedures if a safe working environment or adequate


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workforce is not in place.

#### Ward checklist, and ward to procedure room handover:

The patients remain under the care of the same clinical team throughout their stay.  
Handover does not occur and no additional checks are performed in advance of their arrival in the department.

#### Procedural Verification of Site Marking:

Site and side of the surgical procedure will be identified by a suitable mark applied by the treating clinician in advance of the procedure itself.

#### Team Safety Briefing:


A Team Safety Briefing occurs at the start of each operative session.  
This will include all allocated members of staff.  
The nature and number of procedures and any special equipment requirements will be reviewed.  
Confirmation of this will be documented on the UHL Safer Surgery Elective & Sports and Exercise Medicine (SEM) Checklist ([Appendix 1](#)).

#### Sign In:

Patient Sign In will occur in the clean room before commencement of the surgical procedure as part of the UHL Safer Surgery Elective & Sports and Exercise Medicine (SEM) Checklist ([Appendix 1](#)).

This includes:

- Confirm patient's Name, Date Of Birth (DOB) and Hospital Number against wristband/consent/procedure list/medical notes
- Written consent obtained following UHL guidelines.
- Relevant imaging/investigations available
- Treatment plan documented in notes
- Confirm Site, Side and Procedure with patient
- Surgical site marked by surgeon

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- Equipment available and sterility confirmed
- Patient allergies

If the LA block is to be administered in advance of commencement of the procedure, then **‘Stop Before You Block’** checks will be undertaken in addition.

#### Time Out:

A safety Time Out occurs immediately before commencement of each surgical procedure.

The UHL Safer Surgery Elective & Sports and Exercise Medicine (SEM) Checklist ([Appendix 1](#)) is a modified WHO checklist that has been adapted for the range of conditions undertaken in the department.

- This will be completed in the presence of all staff working in the area (minimum 2 persons).
- This will be led and completed by any trained member of staff.
- Patients will confirm their own personal details and their understanding of the operative procedure and the location.

This includes:

- Confirm patient identity checks
- Confirm Site, Side and Procedure with patient
- Visualise Site marked
- Drugs available and checked
- Drugs checked for batch/expiry/dose/name ([Appendix 1](#))

#### Performing the procedure:

The treating clinician is responsible for the safe delivery of the operative procedure and recording of procedures, including any substances injected.

#### Monitoring:

The nature of the procedures undertaken determines that no active patient monitoring is required.

- Pulse,
- blood pressure,
- temperature and
- O2 saturations can be performed if required.

Sedation is not used.


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#### Prosthesis verification:

Not Applicable.

#### Prevention of retained Foreign Objects:

Disposable or re-sterilised instrument sets are used.

These undergo checking at the time of sterilisation and a further clinical check by the clinician/scrub nurse prior to use. A limited number of standardised procedures are performed.

Set, sharps and swab checks are undertaken in keeping with the Surgical Swabs, Instruments, Needles and Accountable Items UHL Policy.

Counts are performed by a theatre practitioner and the relevant clinician. 10 x 10cm gauze swabs are used and it would be physically impossible to retain a swab within wounds used in these procedures.

Final count is undertaken at closure and 'signed for' by the theatre practitioner in the theatre log book.

There would be no need to change staff during the short procedures.

Defective items are returned to main theatres for repair / replacement.

#### Radiography:

The department of Sport and Exercise Medicine (SEM) has local rules regarding the use of ionising radiation. Fluoroscopy is available if required for extremity assessments.

The clinicians and staff involved are trained to national and local standards.

Training records are maintained within the department.


#### Sign Out:

A Sign Out occurs before the patient leaves the Musculoskeletal Minor Operation(s) Treatment Room/operative/procedure area.

The UHL Safer Surgery Elective & Sports and Exercise Medicine (SEM) Checklist ([Appendix 1](#)) is completed.

This includes:

- Confirm procedure performed
- Confirm count is correct
- Any specimens labelled correctly?

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- Any equipment issues?
- Any concerns for recovery?
- Patient given post-op care instructions

#### Handover:

The patients remain under the care of the same clinical team during their 'recovery'.  
Handover does not occur.

#### Team Debrief:

A team debrief occurs at the end of all procedure sessions.  
All team members have the opportunity to highlight things that went well, any problems with equipment and any areas for improvement.


Individuals will be determined to escalate issues should that be required.  
Safety issues will be raised to one of the Sports and Exercise Medicine (SEM) clinical nurse specialists or the named clinical lead for the Musculoskeletal (MSK) Minor Operation(s) Treatment Room and Local Anaesthetic procedures.

#### Post-procedural aftercare:

Patients are 'recovered' in an area adjacent to the treatment rooms.  
They remain attired in their own clothing.  
Patient monitoring will be undertaken by the circulating clinical staff. Should a patient need to lie down for a period then rooms with couches are available. Non-invasive monitoring is available.

#### Discharge:

Patients are deemed appropriate for discharge following a criteria lead by the nurses.  
Analgesia is provided or prescribed as necessary.  
Wound care is explained verbally.  
Potential complications will be highlighted.  
Contact details in case of need are provided.  
Follow Up (FU) arrangements will be explained and arranged by the administrative team.  
Typically all patients are seen post-operatively for review.  
Occasionally discharge to the care of the GP may occur and any results will be communicated by letter.

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#### Governance and Audit:

Any unexpected occurrence that results in actual or potential harm to either a patient or a member of staff constitutes a safety incident. These will be reported through the Datix system and escalated to the relevant line managers immediately dependant on the circumstances.

Such reports will be reviewed by the relevant personnel and feedback to the team will be given. Relevant findings will be shared at the monthly whole team meetings.

PSIs are reported at the CMG quality and safety meetings.

[To submit monthly Safe Surgery Audit and WHOBARS assessment as per Safe Surgery Quality Assurance & Accreditation programme.](#)

#### Training:

Staff are familiar with safety checks and practices established in management of patients going through main theatres.

New SOPs are presented at monthly departmental meetings.

Staff are required to understand their responsibilities in any relevant SOPs.

Safety check lists are performed in a multidisciplinary situation where every opinion counts.

#### Documentation:

The UHL Safer Surgery Elective & Sports and Exercise Medicine (SEM) Checklist ([Appendix 1](#)) will be completed for every patient and filed in the patient records.

Treating clinicians are responsible for completion of a suitable operation note which will also be filed in the medical records.

#### References to other standards, alerts and procedures:

It is recognised that this local SOP complements existing Trust Policies such as detailed below:

National Safety Standards for Invasive Procedures, NHS England 2015:

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf>

UHL Safer Surgery Policy: B40/2010

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UHL Sedation Policy: Safety and Sedation of Patients Undergoing Diagnostic and Therapeutic Procedures B10/2005

UHL Consent to Treatment or Examination Policy A16/2002

UHL Delegated Consent Policy B10/2013

UHL Surgical Swabs, Instruments, Needles and Accountable Items Policy B35/2007

UHL Guideline: Anticoagulant Bridging Therapy for Elective Surgery and Procedures B30/2016


UHL Patient Identification Band Policy B43/2007

Shared decision making for doctors: [Decision making and consent \(gmc-uk.org\)](https://www.gmc-uk.org/decision-making)


COVID and PPE: [UHL PPE for Transmission Based Precautions - A Visual Guide](#)

COVID and PPE: [UHL PPE for Aerosol Generating Procedures \(AGPs\) - A Visual Guide](#)


END

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## Appendix 1: UHL Safer Surgery *Elective & Sports and Exercise Medicine (SEM)* Checklist



**University Hospitals of Leicester**  
NHS Trust



Consultant Name: \_\_\_\_\_  
Procedure: \_\_\_\_\_

**STOP THE LINE**

**Safer Surgery Checklist**  
Elective & Sport & Exercise Medicine (SEM) Procedures in SEM Department

TEAM BRIEF	TIME OUT	SIGN OUT
<b>Prior to list with all team members</b> All members of the team have discussed care plan and addressed any concerns <input type="checkbox"/>	<b>Immediately before skin incision or commencement of procedure</b> Confirm patient identity checks completed <input type="checkbox"/> Confirm the site and side of procedure <input type="checkbox"/> Visualise site marked <input type="checkbox"/> <b>All drugs checked</b> <input checked="" type="checkbox"/>	<b>After counts Before patient or team members leave room</b> Procedure correctly performed and recorded <input type="checkbox"/> Swab, equipment and instrument count correct Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Sharps disposed of safely <input type="checkbox"/> Key concerns for recovery and post-operative management discussed (including aftercare advice; follow up appointment required /not) <input type="checkbox"/> Any specimens labelled correctly Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>On arrival of patient in procedure room, with all team members present</b> Team have introduced themselves by name and role <input type="checkbox"/> Confirm patient's Name, DOB and Hospital Number with patient and against wristband/consent/procedure list <input type="checkbox"/> Confirm valid written consent Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Relevant imaging / investigations available Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Confirm procedure and site with patient <input type="checkbox"/> Site marked <input type="checkbox"/> Equipment available & sterile <input type="checkbox"/> <b>Known allergy/anaphylaxis:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently on antibiotics Yes <input type="checkbox"/> No <input type="checkbox"/> Currently on anticoagulants Yes <input type="checkbox"/> No <input type="checkbox"/> Date anticoagulants stopped (if applicable) <input type="text"/> N/A <input type="checkbox"/> Is the patient diabetic? Yes <input type="checkbox"/> No <input type="checkbox"/> Patient Information Leaflet provided and patient has no further questions Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<b>TEAM DEBRIEF</b> Any concerns from Team Members throughout the procedure Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please identify with follow up actions: _____	
Read out by: (PRINT) _____ Signed: _____ Date: _____	Read out by: (PRINT) _____ Signed: _____ Date: _____	Read out by: (PRINT) _____ Signed: _____ Date: _____

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\*Based on the WHO Surgical Safety Checklist, URL: <http://www.who.int/patientsafety/safesurgery/en>, © World Health Organization 2008 All rights reserved.


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## Appendix 2 : Patient Information Leaflet for *Procedure* Available at:

[Having a nerve root block injection for pain \(leicestershospitals.nhs.uk\)](https://www.leicestershospitals.nhs.uk)

[Joint and soft tissue injections \(leicestershospitals.nhs.uk\)](https://www.leicestershospitals.nhs.uk)

University Hospitals of Leicester  
NHS Trust

## Having a nerve root block injection for pain

Department of Radiology  
& Department of Sports Medicine  
Information for Patients

Produced: January 2023  
Review: January 2026  
Leaflet number: 22 Version: 7

### Introduction

If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at. Your appointment will be in either the Radiology Department or the Sports Medicine Department. Please check your appointment letter to find out where to go.

This leaflet tells you about your procedure. Please read it carefully as it contains important information and instructions.

### What is a nerve root block injection?

A nerve root block is an injection of local anaesthetic and steroid medication. It is given around the nerves which come from your spine. Swelling/ inflammation around these nerve roots can cause pain in your arms and legs. A nerve root block may help this pain but it is not a cure. The procedure can be used as a diagnostic test to determine where your pain is actually coming from.

It can be done on your neck (cervical spine) or lower back (lumbar spine).

### Important information we need from you


**Please tell X-ray staff when you arrive if:**



- You are allergic to iodine or rubber (latex), have any other allergies or have asthma.
- There is any possibility that you may be pregnant.

**If you have diabetes** please tell the person performing your procedure before it starts. This is important because the steroid that is injected into your joint could affect your blood sugar level.

Health information and support is available at [www.nhs.uk](http://www.nhs.uk) or call 111 for non-emergency medical advice

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

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University Hospitals of Leicester  
NHS Trust

## Joint and soft tissue injections

Rheumatology Department  
Information for Patients

Produced: December 2019  
Review: December 2022  
Leaflet number: 862 Version: 2

### Why are joint injections given?

Steroids reduce inflammation and therefore quickly and effectively help with pain relief. Giving steroids as injections into joints (space between the bones), or into soft tissue closer to the joint, allows the drug to be delivered to the correct place without affecting the rest of the body.

Joint injection can be given safely along with other painkillers and disease modifying agents (e.g. methotrexate / sulfasalazine) prescribed for inflammatory arthritis.

Steroid injections are normally given to patients with inflammatory conditions like rheumatoid arthritis, psoriatic arthritis and occasionally osteoarthritis, to reduce pain. The pain relief after the injection is usually temporary lasting for a few weeks to months depending on the degree of inflammation in the joints.

Sometimes excess fluid around the joint may also be removed by injection to reduce swelling and pain.

### What drugs are given in joint injections?


Steroids are the main group of drugs used in joint injections and include:

- triamcinolone:** (Kenalog; Adcortyl; Lederspan) - long lasting
- methylprednisolone:** (Depo-Medrone) - medium acting
- hydrocortisone:** - lasts for a short time

**Local anaesthetics** such as lignocaine and bupivacaine are often used in combination with steroids for fast pain relief.

Health information and support is available at [www.nhs.uk](http://www.nhs.uk) or call 111 for non-emergency medical advice

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
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