



What is it?

Geniculate artery embolisation (GAE) involves blocking off the blood supply to the inflamed lining of the knee joint.

This is a novel technique and while research is ongoing, initial trials shows the promise this technique holds for patients with debilitating knee pain who are not ready or willing to undergo knee replacement surgery. VIRQ is part of the first Australian registry for GAE.

Who is it for?

This operation can be useful for people who have had a total knee replacement and are having problematic bleeding into the joint. It may also be helpful for patient with osteoarthritis not responding to pain medications or joint injections, but are not yet ready to have a knee replacement.

How is it done?

Embolisation of the geniculate artery can be done under sedation or general anaesthetic, in an operating room with specialised medical imaging equipment.

Your interventional radiologist may start by giving you a local anaesthetic nerve block around the knee. An ultrasound will then be used to guide a tube into the artery in the groin or foot. They will then pass a microcatheter (thin plastic tube) into the arteries supplying the knee joint and slowly inject tiny plastic particles or non-adhesive liquid into the arteries supplying the inflamed synovium (lining of joint). During the procedure, you may have ice packs placed over your knee. After the procedure these may be replaced with hot packs.

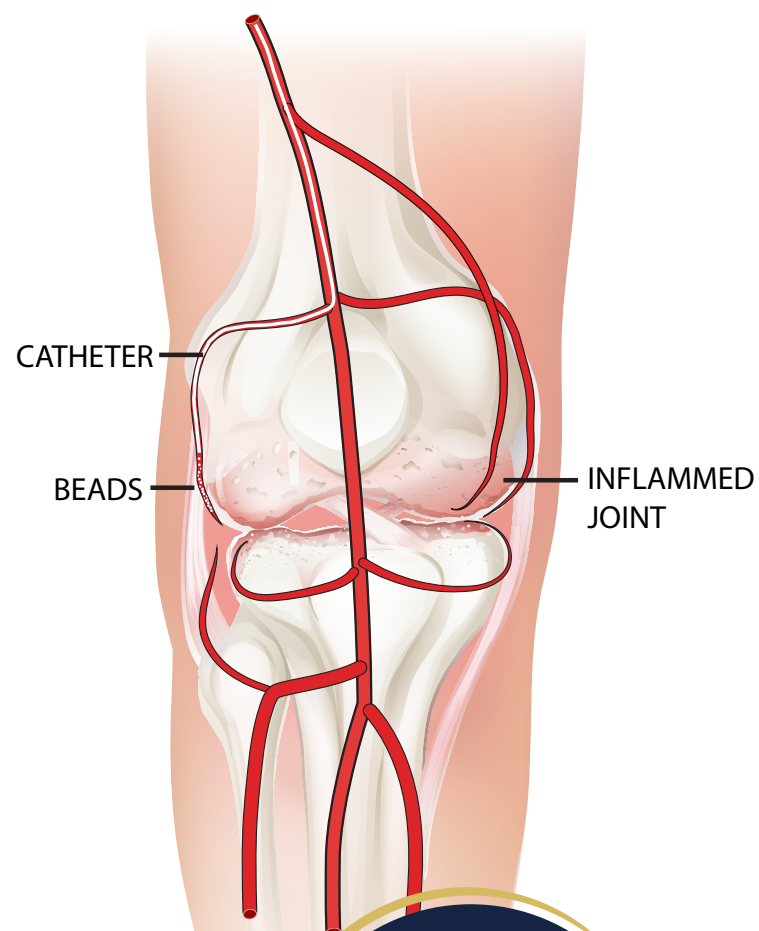
By blocking off the blood supply to these arteries, the inflammation is reduced, which in turn reduces pain.

What are the risks?

There is a small risk of infection, bleeding, or blocking off arteries that do not supply the knee joint. About 10% of people experience some skin discolouration for a few days. Your doctor will discuss these risks with you before your operation.

Follow up

You will be scheduled for follow up imaging and clinic appointment with your interventional radiologist in the SCUPH suites about 4 - 6 weeks after your operation to review the success of the procedure.



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