



Knee Aspiration



The edge of the patella nearest the femur is located at the equator of the patella. The needle may be inserted about 1 cm nearer the femur directed slightly toward the hip. Joint aspiration should be done under sterile conditions after adequate skin preparation. Universal precautions for body fluids should be observed, and the operator should wear gloves. Local anesthesia may be used, although lidocaine requires another needlestick that may be excruciatingly painful in a gouty joint; ethyl chloride used at the site of needle entry is also an effective method. The nondominant hand should serve as a steadying guide and generally is placed on the patient immediately adjacent to the needle entry site. After the needle is inserted, do not put negative pressure on the syringe until in the joint; otherwise, a suction biopsy of the soft tissues may occur, which plugs the needle, and no fluid is obtained.