NHS
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# Dry needling
## Information for patients

Following assessment and discussion by your Physiotherapist at your recent appointment, ‘dry needling’ was mentioned as being helpful in the management of your condition.

This information sheet is a reminder of the information that the Physiotherapist will have discussed with you.

### Why do I need dry needling?
‘Dry needling’, ‘percutaneous needle tenotomy’ or ‘tendon fenestration’ is a technique used to relieve pain and improve function in ‘tendinopathy’. Tendinopathy is a chronic condition in which there is a breakdown of some of the collagen fibres which make up the structure of a healthy tendon.

Dry needling involves the use of an injection needle to stimulate an acute inflammatory healing response in the tendon.

### How will the treatment be administered?
A needle will be repeatedly inserted into the tendon under the guidance of ultrasound to enable the clinician to accurately and safely see the position of the needle tip. This procedure will last for five to ten minutes. You will be either seated or lying down, depending on which is more comfortable for you.

As per all injection treatments, you will be asked to remain in the building for 10 to 15 minutes afterwards to ensure no adverse reaction to the procedure has occurred.

### Will it be painful?
There may be some pain at the time of the procedure but a local anaesthetic is applied to help with this. You may find that your pain improves quite quickly after the local anaesthetic but comes back later - it normally wears off between 30 minutes to two hours.

Additionally, you may have some pain and discomfort for 48 hours after the treatment. For this you can use any of your existing pain relief already supplied by your GP or pharmacist.

### How quickly will the treatment work?
This varies from person to person but we would expect to see an improvement in the symptoms between three to six weeks as the acute inflammation settles and the tendon begins to remodel.

### How long will the benefits of the treatment last?
There is very little reliable evidence about how long the procedure can give relief for. However, a review of the current research 2017 suggests that 68% of patients showed an improvement in pain and function.

## Do I need to do anything after the injection?

- Avoid heavy lifting for 48 hours but you will still be able to drive or write.
- Stop any exercises you do in the gym or provided by our Physiotherapist, for one week.
- Make sure you have an appointment with your Physiotherapist two to three weeks after the treatment to review your symptoms and continue with rehabilitation. It is important to adhere to their advice and exercises to get the most benefit from the procedure.

## Are there any side effects?

All of the current research suggests that the treatment is well tolerated and there are no adverse events. Occasionally side effects do occur**, but many are very rare.** They include:

- Infection - Please contact your GP or Out of Hours Service if you think you have symptoms on or around the treatment area, such as pain, redness, swelling or pus, as you may require urgent antibiotic treatment.
- Facial flushing - This may occur 24 to 48 hours afterwards and usually lasts one to two days.
- Bleeding or bruising at the site of the treatment.
- Post injection flare - The pain usually subsides within 2 to 5 days.

## What are the alternative treatments?

Your Physiotherapist will have recommended dry needling of the tendon as the best treatment for you at the present time. However, if you decline this particular treatment they will discuss with you other available treatments.

If you have any further questions or concerns please contact the Adult Physiotherapy Department to discuss this further with the Physiotherapist - 024 7696 1335.

If you require this document in a different format or language please contact the Trust's Equality and Diversity Team on 024 7653 6802

*References: Yeo et al (2016) 'Ultrasound –guided dry needling with percutaneous paratenon decompression for chronic Achilles tendinopathy' Knee Surg Sports Traumatol Arthrosc; Chaudhey (2017) 'Effectiveness of dry needling and high-volume image-guided injection in the management of chronic mid-portion Achilles tendinopathy in adult population; Tsikopoulos et al (2016) 'The clinical impact of platelet-rich plasma on tendinopathy compared to placebo or dry needling injections; Krey et al (2015) 'Tendon needling for treatment of tendinopathy'.*