Procedure Name: **Wrist (Joint Effusion)**

Updated: 11/28/07

Indications:
May include but not limited to wrist pain of questionable etiology, tightness, tenderness, swelling, or any other valid medical reason/indicators determined by referring physician.

General Description:
This is a limited survey to localize and characterize joint effusion of the wrist unilateral or bilateral. Upon completion of exam show study to radiologist before patient is allow to exit room.

Patient Preparation:
There is no preparation for this exam.

Imaging Sequence:

ANTERIOR (VOLAR) WRIST

- **Sagital and transverse views (include color Doppler)**
  1. Patient's hand is positioned with palm up on table
  2. In sagital plane evaluate radiocarpal and midcarpal joints for abnormal distention
  3. In transverse plane evaluate the distal radioulnar joint for abnormal distention

POSTERIOR (DORSAL) WRIST

- **Sagital and transverse views (include color Doppler)**
  1. Patient's hand is positioned with palm down on table
  2. In sagital plane evaluate radiocarpal and midcarpal joints for abnormal distention
  3. In transverse plane evaluate the distal radioulnar joint for abnormal distention

IMAGING INFORMATION

- Radiocarpal (radius to wrist), midcarpal (mid wrist) and distal radioulnar (radius to ulnar at wrist) joints are assessed
- Anechoic distention of a joint is usually simple fluid, although it is possible for etiologies to include degenerative, reactive, traumatic, and inflammatory concerns.
- Fluid collections can be anechoic (simple fluid) to complex fluid varying from hypoechoic to hyperechoic to surrounding muscle.
- If fluid collections are present, obtain images to show the scope of the fluid collection and if the interface between the fluid and surrounding soft tissues are irregular image this as well.
- Findings of joint recess compressibility, motion of contents (within joint recess) with transducer pressure, and lack of increased blood flow

with color/power Doppler suggest complex fluid as opposed to synovitis.