

Patient information

Corticosteroid injection

What is it?

A corticosteroid is a medicine which can relieve inflammation and swelling thereby reducing your pain. You may also be given a local anaesthetic to reduce any pain during the injection.

Why would I need this procedure and what are the benefits?

You have been offered an injection and /or local anaesthetic into your joint (intra-articular) or near your joint (peri-articular) or soft tissues. These injections can help with pain relief when the tissues are inflamed or swollen and can also be used to help aid diagnosis. This may help you start your rehabilitation sooner, have fewer treatment sessions and return to activities more quickly. This may also help you sleep by reducing your pain.

Is the injection painful?

There may be some pain during the injection, if this occurs, it subsides quickly. Most injections are relatively painless.

What are the symptoms that have led to me having this procedure?

Symptoms may include pain and suspected inflammation in one or more joints.

What are the alternatives?

You could consider taking anti-inflammatory medication such as a group of drugs known as Non-Steroidal Anti-Inflammatory Drugs, however these act globally and do not always target a specific structure and may not be suitable if you have a gastro intestinal problem.

What are the potential risks and side effects?

The following are possible side effects which are rare whilst others, although can be rare, can be life threatening.

- Post injection flare (reported incidence of 8%), with temporary pain around the injection site. 24-48 hours post injection.
- Flushing of the face (redness) for up to 48 hours.
- Small area of fat loss or a change in colour of the skin around the injection site.
- Vaginal bleeding (menstrual irregularity for a short time).
- You may also experience bleeding or bruising around the injection site which can be exacerbated if you are taking blood thinning agents. It is best to discuss this with your therapist if this is the case.
- Infection: if the area becomes painful, swollen, red, weeping or hot around the injection site or you develop a temperature you should contact your local GP or hospital. Infection is rare (approximately 1 in 17,000- 70,000). Your clinician minimises the risk by using a no touch technique.
- Patients who take medications for conditions such as Rheumatoid Arthritis, should be aware that it can cause up to a 50% reduction in inflammatory values used to monitor the effects of this medication. This can be discussed with your GP or Consultant.

- There is always a small chance of the human body having an allergic/ anaphylactic reaction to medications. An anaphylactic reaction is a medical emergency and emergency services should be called if symptoms are felt (you should call 999). Symptoms to be aware of include sudden rash, swelling of the eyes, face and throat, difficulty in breathing and eventual loss of consciousness. Patients who have an allergy to steroid or local anaesthetic should discuss with the practitioner prior to offering their consent as this can in some cases be life threatening.
- Diabetic patients may notice a temporary change in blood sugar levels. These should begin to settle back down within a couple of days. If concerned discuss with your GP.

Are there times I should not have this injection?

Yes if you have one of the following:

- Are pregnant;
- Breastfeeding;
- Had a reaction previously to steroids or local anaesthetics;
- Have a skin infection near the injection site;
- Feel unwell;
- Are due to have surgery within the next 3 months;
- Do not want the injection;
- If you have had 3 injections in the previous year without improvement;
- If you are on anticoagulation therapy, we may need to discuss this with your GP.

What happens if I decide to have the injection?

You will be offered an appointment with one of our practitioners who will explain the process including the risks and potential benefits. After this they will gain your consent after answering any questions you may have.

What should I do if I experience any side effects?

- If this happens whilst you are in the department inform the clinician immediately.
- If you have left the department, you should contact NHS Direct or go to the Accident and Emergency department explaining what procedure you have had.

What should I do if I get pain post injection?

You should take simple pain relief medication such as paracetamol or a non-steroidal medication like Ibuprofen if your condition allows. You can contact your local pharmacist who will be able to offer advice.

How is the injection done and what will I feel?

The skin is cleaned with antiseptic. You will feel a sharp prick as the needle is gently inserted into the affected body part and the solution is injected through the needle. The anaesthetic temporarily numbs the area. The steroid has an anti-inflammatory effect. You may experience some early symptom relief from the anaesthetic, which can last for 2- 8 hours. The slow release steroid takes approximately 2-4 weeks to take full effect and may last for months or longer, reducing your pain symptoms. Shortly after the injection you will be examined again to measure the desired effect. You will be asked to wait in the department for approximately 30 minutes to ensure there are no adverse reactions.

What should I do after the injection?

Your clinician will discuss with you a treatment plan. This may be that you are referred onwards for physiotherapy. You may be asked to have a period of relative rest of approximately 1 week.

Can I drive after the injection?

You can usually drive within 30 minutes of the injection, however some individuals can feel light headed afterwards and you can also have altered sensation in the body part being injected. If you have concerns, consider bringing a driver or elect to go by public transport.

Is this the same drug that athletes and body builders use?

No those are anabolic steroids. The steroids that we use in healthcare are glucocorticoids and are extremely safe.

Can I have an injection as I participate in high level sport?

Corticosteroids are banned in some sports and subject to drug testing by the World Anti-Doping Agency. You will have to seek a Therapeutic Use Exemption Certificate (TUE) from your sports governing body. This will require supporting documents from your team physician.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

[Arthritis research UK](#)

[Shoulder doc](#)

Saunders S and Longworth S (2006). Injection techniques in Orthopaedic Medicine (3rdEd) Churchill Livingstone, Edinburgh.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 5217

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Matt Picton Advanced Practitioner Physiotherapy. Matt Daly Advanced Practitioner Physiotherapy iMSK.

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Responsible clinician/author: Vincent Gallagher Advanced Practitioner Physiotherapy

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