



Steroid Injection Therapy

Corticosteroid (steroid) drugs can be used to treat pain and inflammation, and certain types of arthritis. They can be given as an injection, at low doses, and are helpful in treating many joint and soft tissue problems. This leaflet explains their use.

Treatment

The steroid is administered by injection into the joint or soft tissue. A local anaesthetic is often given at the same time, which helps to reduce the discomfort for few hours and often helps with diagnosis. Some injections are given under ultrasound guidance.

How quickly will the injection work?

This varies with individuals but most people report improvements in their symptoms within 24-48 hours. However, it can take a few days to weeks for it to work in some individuals.

How long will the injection last?

As with all treatments, patients will have varying responses to steroid injections. Some patients will have a reduction in pain for only a few days, whilst others may have several months or long term relief.

What should I do after the injection?

It is best practice to rest for about 30 minutes before leaving the hospital especially if its your first injection. It is advised that you do not drive for a few hours following an injection that involves a local anaesthetic. You should try and rest the area and avoid strenuous exercise for a few days after the injection

Steroid therapy may not be suitable for you if you have:

- Heart failure
- Recent trauma to the joint being treated
- Under 16
- The presence of local or systemic infection or you are taking antibiotics
- If you are pregnant or breastfeeding
- A known allergy e.g. local anaesthetic, Latex
- A tendency to bleed more (due to medical conditions or various medication) particularly if you have an unstable INR
- Surgery is pending in the joint to be injected
- Current or recent treatment with certain medication e.g. oral steroids, HIV medication
- Severe fear of needles

Please discuss with your clinician if you have any of these

Are there any risks to having an injection?

Risks associated with steroid injections are rare. Those most commonly reported, although still rare, associated with these type of injections are:



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- Infection— It is rare to have an infection after an injection. Symptoms may include redness, increasing warmth, increasing pain and if more serious a fever. Seek immediate (that day) medical attention if concerned.
- Raise in blood sugar—Steroid injections can cause a rise in blood sugar levels for a few days in diabetic patients. Closer monitoring of blood sugars should be carried out and medical attention sought if unable to control.
- Allergic reaction - This will normally happen within a few minutes of the injection. Symptoms may include a skin rash, difficulty breathing, swelling of face and/or tongue, itching and vomiting. Seek urgent/immediate medical attention.
- Bleeding or bruising— This is more likely if you are taking medication such as aspirin or warfarin. This will normally settle with pressure. If you have any concerns please seek medical attention.
- Soft tissue damage / rupture— Steroid can weaken soft tissues such as tendons and ligaments. On rare occasions tendons/ligaments may rupture. Seek medical attention if you have any concerns.

Will I have any side effects?

Side effects associated with steroid injections are rare. The most common side effects are:

- Steroid flare - Some patients experience an increase in pain after injections. This can be quite severe but settles after a day or two. Rest and simple pain killers (such as paracetamol) often help.
- Skin changes - occasionally there may be some skin discoloration/lightening(depigmentation), thinning of the skin, or fatty atrophy at the injection site. This may or may not resolve over time and is more notable in people with darker skin.
- Facial flushing - some patients experience facial flushing soon after an injection and can last up to 48 hours.
- Menstrual Cycle - some ladies note a delay or change in their menstrual cycle following injection. This will normalise by itself.

If you experience any problems that cause you undue concern, please contact your treating consultants secretary. Alternatively contact your GP or A&E department if you consider the problem to be urgent.