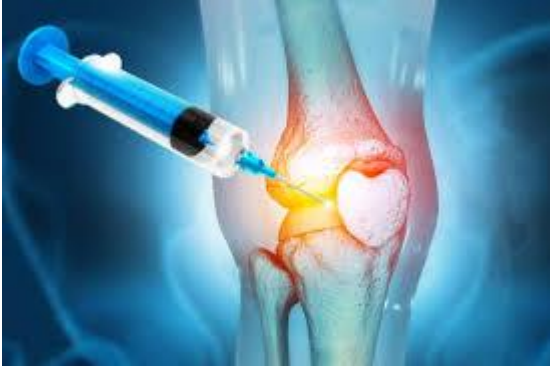


Corticosteroid Injections



You are reading this because it is felt that you may benefit from a steroid or hyaluronic acid injection as part of your care, and I want you to be fully aware of what to expect around risks, benefits and alternatives and to understand how an injection could fit in to your management plan. I will assess you prior to any injection so that we can be clear an injection is a reasonable option and to answer any questions/queries you may have. Please take the time to read this information fully.

Why am I being offered an injection?

Injections can help where initial management e.g. pain relief medication, exercises, rest, and time, has not provided sufficient relief. When offered, this should be part of a wider package of care. Steroid injections have been shown through research to be a helpful form of treatment for soft tissue and joint disorders. You will only be offered a steroid injection if it is suitable option for you and your symptoms.

What is the injection?

Corticosteroids are lipid like (fat like) hormones naturally produced by the body. These hormones are responsible for a few things such as helping reduce swelling or inflammation. This aims to reduce the pain associated with your joint or soft tissue. The injection contains artificial corticosteroids that do the same job as the ones produced by your body. Local anaesthetic is used to make the injection more comfortable and can sometimes be used to improve the outcome of the injection. Steroid injections can be a rapid and effective treatment for joint pain and inflammation, although the improvement is usually temporary. Research tells us that following a steroid injection, people experience an average of 6-12 weeks pain relief; though in some instances this is less and in others more.

Are there times when I shouldn't have an injection?

YES, if you:

- Have an infection/taking antibiotics

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- Have an allergy to local anaesthetic or steroid
- Have a history of TB or HIV
- Had recent trauma to area injected
- Have a joint replacement in the area to be injected
- Have a bleeding disorder
- Are taking steroids
- Are under 18 years old
- Are pregnant or breastfeeding
- Are immunosuppressed
- Have had a recent vaccine within 2 weeks*

Is it safe?

Injection therapy is very safe. Single use, sterile disposable (needles and syringes) equipment is used in clinic. Serious side effects are very rare – less than 1 per 20,000 treatments.

Are there any side effects?

Side effects to this kind of injection do not happen very often.

- Soreness can occur for a few hours to up to a few days after the injection.
- Severe allergic reaction to the medication in the injection (anaphylaxis) is very rare but is a medical emergency.
- Infection after injection is very rare but if it becomes red, hot, swollen and/or painful - you must seek urgent medical review – the risk cited as 1 in 20,000 to 1 in 77,000 injections.
- In people who are diabetic, steroid injections can result in a slightly raised blood sugar level.
- Bleeding/bruising around the area. This is more common if people are taking tablets that thin the blood, such as warfarin or aspirin.
- Facial flushing happens in 1 of 20 people and can last up to 2 days with no long-term effects.
- There is a slight possibility of a small dimple (fat atrophy) or skin colour change (depigmentation) in the skin around the area of injection site.
- Menstrual disturbance or a missed period can happen in some women who have had a large dose of steroid.
- Following soft tissue injection of steroid near a tendon, relative rest after injection reduces the small risk of tendon injury.

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- Injury to nerves for certain types of injections is a rare complication.
- The injection may not work, or/and its effect may wear off.
- If the steroid injection does not work, you cannot have surgery on that joint for several months.
- If the steroid injection is for an arthritic joint, this may delay any future joint replacement by up to 6-months from the date of the injection. This is rarely an issue.

What should I do after my injection?

1. Relative rest after the injection.
2. Check where you had the injection from time to time – if there are signs of significant infection you need to go to A&E straight away. Where you were injected would look hot, red, swollen and you may feel unwell or have severe pain at the injection site. Some increased pain is not uncommon for a few days and is nothing to be alarmed by, if you are unsure about minor signs and you are well, then your GP or practice nurse may be best to help you.
3. You can continue to take normal painkillers if you think you require these (what you know you can normally take).
4. Please avoid contact with chickenpox and measles after injection to minimise your infection risk.
5. Please talk to your doctor if you have any mental health concerns, feel low in mood or might be thinking about suicide.
6. If you have symptoms e.g. swelling of the face, lips or throat, breathing difficulties, skin itching, redness or a rash you must access urgent medical attention.