

## STEROID INJECTIONS LEAFLET

### What are steroid injections?

Steroid injections are commonly used for the treatment of joint and soft tissue disorders. Steroids have been shown to be helpful for easing pain and reducing inflammation. They may also protect the cartilage within joints.

Steroid injections are often used in conjunction with local anaesthetic. There are several different formulations of both steroid and anaesthetic which may be used.

Like all medication, an individual's response to a steroid injection cannot be predicted. Most patients experience an improvement in their symptoms lasting a few weeks. For some the beneficial effect will persist for several months. Some patients unfortunately gain little or no benefit.

This information sheet is intended to supplement the advice you will be given by your clinician with regards to the role of steroid injections in your particular circumstances.

### When should steroid injections not be used?

Injections are not suitable for all patients. Please inform the clinician or therapist if you believe any of the following may apply to you:

- Allergy to steroid or local anaesthetic
- Infection close to the site of the proposed injection or a significant infection elsewhere
- Broken skin or rash at the site of the proposed injection
- A tendency to bleed more readily as a result of illness or medication
- Surgical metalwork at the site of the proposed injection, for example a joint replacement, screws, plates etc.

### What will happen?

Your clinician will first clean the area. The injection is then given either into a joint (for example a knee) or into soft tissue (for example in tennis elbow or carpal tunnel syndrome) using a needle and syringe. It is usually a very quick procedure, taking only a few minutes.

### Are there any risks or side effects?

The risk of a complication arising from a steroid injection is low and serious complications are extremely rare. However occasionally the following may occur and may require medical attention:

- Some individuals are susceptible to fainting during medical procedures. Faints result from a sudden short-term fall in blood pressure. Please inform the clinician in advance if you feel this may be likely so that precautions can be taken.
- Some patients experience deterioration in their symptoms for about 48 hours after the injection ("steroid flare"). Rest and simple pain killers usually help.
- Infection may be introduced into the joint or soft tissues as a result of an injection. This is extremely rare (about 1 case in every 10,000 joint injections) but can have very serious consequences if not identified and treated promptly. If you experience progressive warmth, redness, swelling or worsening symptoms at the injection site particularly in association with fever, seek urgent medical attention.
- Allergic reaction to the steroid or local anaesthetic. Any medication has the potential to precipitate an allergic reaction even in someone who has previously encountered the same medication without problem. This is most likely to occur within 20 minutes of the injection. You should therefore remain in the surgery for this time. Symptoms of

severe allergy include; wheeze or difficulty breathing, swelling of the face, throat or tongue, rash or itching, stomach cramps and vomiting, or feeling very unwell. Call for immediate help if necessary.

- Bleeding or bruising. This is more likely if you are taking certain medications, for example aspirin or warfarin, and usually settles with simple pressure. If you experience severe swelling or bruising after the injection seek urgent medical attention.
- Facial flushing (warmth and redness) may occur. This will usually resolve after 24-72 hours and predominantly affects women. It is not an allergy and does not preclude future injections.
- Thinning of the skin and soft tissues at the site of the injection may occur resulting in a dimple. Occasionally the formation of a small lump or loss of a small area of skin colour may also occur.
- Tendons or muscles may weaken when in contact with steroid resulting in rupture. This effect is thought to be very rare and may primarily affect damaged tissues already predisposed to rupture. Seek prompt medical attention if you experience new weakness in the affected body part. You will be limited to a maximum of three injections per year into any one place due to repeated injections increasing this small risk or possibly weakening cartilage.
- The steroid may occasionally cause irregular vaginal bleeding for a few weeks.
- Joint and soft tissue steroid injections can cause a rise in blood sugar for a few days in diabetic patients. The effect however is usually negligible and would not normally necessitate a change in treatment. In certain circumstances additional monitoring may be recommended.
- Repeated joint steroid injections, or if taking additional steroids e.g. tablets or inhalers, or if major surgery, trauma or intercurrent illness occurs within 28 days of having a joint steroid injection, can cause hypothalamic pituitary adrenal (HPA) axis suppression which can affect the body's cortisol response and cause adrenal insufficiency. Please speak to your clinician for more information regarding this, or if you think you may be at risk of this condition.

## **After the injection**

You will be advised to remain in the surgery for 20 minutes in case of allergic reaction.

Avoidance of strenuous activities is generally advised for a few days especially if steroid is injected in the vicinity of a tendon or into a weight bearing joint.

You can take paracetamol for pain. Anti-inflammatory painkillers such as ibuprofen (taken with food) can be helpful if you have a steroid flare but must not be used if you have an allergy to these or have problems with indigestion. Ice packs wrapped in a tea towel can also be helpful.

Additional advice and precautions relating to particular injections and procedures will be discussed if necessary, at your appointment.