
PATIENT INFORMATION ON STEROID INJECTIONS

Steroid joint injections are medicines given into your joints or soft tissue to reduce inflammation, ease pain and allow your joint or tendon to move more easily. Your doctor may offer you a steroid injection if, for example, you have a painful joint from arthritis or if you have a condition such as tennis elbow, trigger finger or carpal tunnel syndrome that is not settling with other measures. Steroid injections are usually given in addition to other treatments for pain.



About steroid injection treatment

The steroid medicine is injected directly into an affected joint, tendon sheath or affected area. There are several different steroid medicines which may be used, but at Cirencester Health Group we use Depo-medrone.

Steroid joint injections are only given by healthcare professionals who have been trained to do these procedures. They may be given by specially trained GPs or sometimes you will be referred to a specialist to give the injection in a hospital clinic, particularly if it is more complicated or needs done under ultrasound guidance.

Steroid injections often don't cure the underlying problem or condition, but they may ease your symptoms for some months. They're often used alongside other treatments, such as other tablets and physiotherapy. If you're having physiotherapy treatment, steroid joint injections may allow you to cope better with the therapy.

An individual's response to steroid is variable but you may get anywhere between three weeks and four months' pain relief from a steroid joint injection. You can have the injections every 3-4 months if you need them. Generally, it's best not to have more than four steroid joint injections in a year. Giving multiple steroid injections into one joint risks damage.

Before your injection

- Let your doctor know about any medicines that *thin your blood* (for example, an anticoagulant such as warfarin), as your risk of bleeding into the joint is higher.
- It's important to let your doctor know if you have a *clotting disorder*– for example, haemophilia.
- Also remind the doctor giving your injection if you have *diabetes*. This is because a steroid joint injection may raise your blood sugar for several days. Pay extra close attention to your blood sugar level for two weeks after a steroid joint injection.
- Let your doctor know if you are prone to *fainting* during medical procedures so precautions can be taken.
- It's best to wear *comfortable clothes* that allow easy access to the joint that you're having injected.
- Check with your doctor if you'll be able to *drive* after your joint injection. It's a good idea to ask friends or family for a lift home. Your joint area might feel numb from local anaesthetic, so it might be difficult to drive.
- Be prepared to *rest* the affected joint for a day or two afterwards.

Your doctor will discuss what you should expect. If you're unsure about anything, just ask. Being fully informed will help you feel more at ease and will allow you to give your consent for the procedure to go ahead. You'll usually be asked to do this by signing a consent form.

Having a steroid joint injection

The procedure should only take a few minutes. Your doctor will examine your joint and clean your skin with an antiseptic wipe.

If there's fluid in the joint, some may be taken out with a syringe (aspirated) to make the joint more comfortable. The fluid will be sent to a laboratory for tests.

Next, the steroid medicine combined with some local anaesthetic is injected.

What to expect afterwards

The pain should ease within a few minutes when the local anaesthetic takes effect. If a joint has been injected, it may remain pain free for up to two hours. You may need pain relief to help with any discomfort as the anaesthetic wears off.

You'll usually be able to go home when you feel ready. Although, it may be wise to remain in the surgery for 20 mins after your first injection to ensure you don't get an immediate side effects or allergic reaction. It's best if a friend or family member can drive you home.

Recovering from a steroid joint injection

As the local anaesthetic wears off, be aware that the pain in your joint may be worse than before you had the injection. This pain is due to inflammation caused by the injection itself – sometimes called a 'steroid flare'. This may last for a day or two. And it can take a while for the steroid to start working to reduce inflammation and ease pain.

You might find it helps to put ice on the area for the first few hours after your steroid joint injection. Use an ice pack to reduce swelling and bruising. If you need pain relief, you can take over-the-counter painkillers such as paracetamol or ibuprofen.

You may need to rest your joint for a day or two, and not do anything strenuous for up to five days. If required you can self-certify off work for up to a week. The full benefit of the injection is usually felt after 3-5 days.

Most people don't have any problems after steroid injections but see the sections on possible side-effects and complications below. Contact your GP if your joint feels hot or if the pain doesn't settle after the first few days.

Side-effects of steroid joint injections

All treatments can give side-effects. These are the unwanted but mostly temporary effects that you may get after having a treatment.

Side-effects of steroid joint injections may include:

- More pain and swelling in the injected area – this usually settle within a couple of days
- Feeling hot or having a flushed or red face – this usually only lasts for a few minutes but can last an hour or two
- Temporary problems with your blood sugar control if you have diabetes

Complications of steroid joint injections

Steroid joint injections are common procedures and are generally thought to be safe. However, as with every procedure, there's always a very small risk that a steroid joint injection could bring complications.

Complications of steroid joint injections can include:

- An infection within the joint or in the tissues surrounding it (1 in 10,000 patients)
- Bleeding or bruising- usually settles with simple pressure.
- Thinning of the skin or soft tissue resulting in a dimple. Occasionally a small lump or loss of skin colour may also occur.

- Damage to the cartilage within your joint or tendons around it – this may be more likely the more injections you have thinning or a change in the colour of your skin around the injection site – this tends to happen more often with stronger or repeated injections; it improves with time
- Irregular periods in women or vaginal bleeding even if you're past the menopause
- Changes in your mood – you may feel good or very low

Ask your doctor to explain how these risks may apply to you in your circumstances.

Steroid injections during the COVID-19 pandemic

We use a low dose of steroid for joint or soft tissue injections and whilst there is a potential for a very small amount of the injected steroid being taken up by your body into the bloodstream, there is no evidence that this has any actual effect on you catching Coronavirus or an infection being worse if you do catch it.

Can steroid joint injections help my symptoms long-term?

Steroid joint injections aren't usually used as a long-term treatment. They may help to ease symptoms such as pain, stiffness and swelling, and make it easier for you to have other treatments such as physiotherapy. Or your doctor may offer steroid joint injections to ease your symptoms while you wait for other treatments to begin working.

Your doctor may suggest that you have a limited number of injections in each affected joint. This is to prevent possible damage to your cartilage and tendons

If you still have pain or swelling after a course of steroid injections, speak to your doctor about alternative treatments.

How often can I have a steroid joint injection?

It's thought that having repeated injections of steroids into your joints might cause damage to the cartilage covering the ends of your bones.

To reduce the chance of this, your doctor will suggest you have as few injections as possible to ease your symptoms. They'll also try to leave a gap of at least three months between injections into the same joint. And it's recommended that you should have no more than four injections into any one joint in a year.

Useful contacts

- Ask your pharmacist
- Patient UK - www.patient.co.uk
- NHS Choices, www.nhs.uk/conditions/

If you have further questions:

Call the **practice** on *01285 653184 or 01285 653122*
If you require **urgent** medical advice, call *111 (24 Hrs)*
In an **emergency** call *999*