

Why are they used?

Corticosteroid (sometimes called “steroid” or “cortisone”) injections are commonly used for the treatment of joint and soft tissue disorders. Steroids can be helpful for easing pain and reducing high levels of 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. As with all medication, an individual’s response to a steroid injection cannot be predicted. Depending upon the medication used, patients will usually experience an improvement in their pain lasting anything from a week to six months or longer. Some patients unfortunately gain little or no benefit. This information sheet is intended to supplement the advice you will be given by your doctor or podiatrist with regard to the role of steroid injections in your particular circumstances. Injections are not suitable for all patients.

However, before you consider having a steroid injection you must inform your practitioner if you have an:

- 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 are the Side Effects and Risks of a Steroid Injection?

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 doctor or podiatrist 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. 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 but can have very serious consequences if not identified and treated promptly. If

you experience progressive warmth, 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 clinic for 20 minutes following your procedure. 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.
- Bleeding or bruising. This is more likely if you are taking certain medications for example aspirin, warfarin or other antiplatelet drugs 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 may weaken when in contact with steroid resulting in rupture. This effect is thought to be very rare and may primarily affect damaged tendons already predisposed to rupture. Seek prompt medical attention if you experience new weakness in the affected body part.
- 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.

What does the procedure involve?

Depending upon the site of the injection, your doctor will disinfect the skin at the injection site and will numb the area using a small amount of local anaesthetic before administering the corticosteroid injection.

Depending upon the site of injection, ultrasound guidance may be necessary to ensure accurate needle placement, although this is by no means necessary for all injection sites.

After the injection you will be asked to remain in the clinic for about 20 minutes. Relative rest is usually advised for a few days afterwards and certainly, strenuous activities should be avoided for a few days, particularly if steroid is injected in the vicinity of a tendon or into a weight bearing joint. Additional advice and precautions relating to particular injections and procedures will be discussed if necessary at your appointment.

Please report any known allergies (drugs, elastoplast etc) to the doctor prior to the procedure.

How long will it take before I obtain benefit from the injection?

The benefit usually starts after 36 hours or it may build up gradually over a week to 10 days. A minority of patients will fail to respond to injection, and further treatment options may need to be discussed.

Please note that your pain may be the same, or worse in some cases than before the procedure. This will usually last for 24-48 hours and is part of the normal process.

Following injection

- Driving after an injection: The **site of injection, type of local anaesthetic used, the dose administered and the patient's individual response** are all factors which must be considered. We tend to use very low doses of local anaesthetic and for most injection sites in most people, this would not be expected to impair your ability to drive. However it is best to check with your practitioner and to also remember that patients are all individual in their response. On very rare occasions, a patient may experience more widespread temporary numbness or weakness as a result of the local anaesthetic than expected. Should this be the case, if your practitioner feels that this will impair your driving abilities, you will need to wait for the anaesthetic effects to wear off before you can drive. In an extreme case, this may take several hours.
- All patients will be advised to rest for at least 24 hours following a corticosteroid injection, and this may be longer depending upon the nature of your condition and the activities you normally do.