

Steroid Injection

Patient Information Leaflet

You have been referred or just received an injection of cortisone by your clinician. Cortisone is a type of steroid but it is made into a preparation which keeps it mostly in the area that it has been injected rather than spreading about the body. Cortisone, like all steroids, is a very powerful agent for reducing inflammation. Some of the benefits of reducing inflammation include bringing down pain and swelling. The effects of cortisone may take several days to work but may last for some weeks.

The local anaesthetic mixed with the cortisone helps in two ways. Firstly, it helps to spread the cortisone about so that it is not too concentrated in one small spot. It also helps to provide some pain relief for the first few hours. This effect can be very helpful for the clinician when trying to come to a firm diagnosis. Therefore, it is useful if you can remember whether the injection helped, even if for only a few hours.

What has been injected into my joints?

We usually inject a small amount of steroid. We often inject some local anaesthetic, which is a painkiller, into your joint/painful area. Your clinician will also decide whether to inject a local anaesthetic at the same time. This does not reduce inflammation but will allow almost immediate temporary pain relief. In select cases only water (saline) and anaesthetic is injected. In these injections, the aim is to provide volume (stretch) to the joint or tendon.

Will it hurt?

Yes, it might. It may hurt as the injection is given but the burning/flooding pain will settle over a matter of a couple of minutes. Sometimes, the pain is worse after the injection for few days due to a flare.

How long will it be before my joints feel better?

The local anaesthetic will start to reduce your pain within a few minutes of the injection. This pain relief will last for 2-3 hours. The steroid will take longer to start working; sometimes it can be nearly 1-2 days after the injection before you start to feel better. So while you are waiting for the steroid to work you can take painkillers such as paracetamol, or use cold packs. The joint you have had injected will hopefully feel better for up to 3 months and sometimes longer, but everybody is different so it may not last this long. If you have had previous injections and they have not lasted this long then it would be advisable to have your condition re-assessed and a new treatment plan decided with your clinician.

Can I leave the clinic straight after the injection?

Generally you will be able to leave after your injection, as long as you have felt well. Very rarely people can have an allergic reaction to the drugs. If you have an allergic reaction you get a rash on your skin, feel your face swelling up or feel you can't breathe properly. If this happens we will be able to treat you immediately.

It is advised that you sit in the waiting room for 20-30 minutes after your injection. If you feel unwell in this period please inform a member of staff and the clinician will see you. If you feel any of these symptoms later on at home you should go to your nearest Accident and Emergency department. Remember this is very unlikely to happen!

Can I drive afterwards?

It is probably better not to rush straight off after the injection but to sit and relax for 20-30 minutes. It is advised that you do not drive immediately after an injection and make alternative arrangements to get to and from your injection appointment. Part of the reason for this is that motor insurance policies will not cover you to drive after an injection (consult your individual policy for details).

Can I go straight back to work?

Probably yes, as long as you feel alright and that you are not in too much pain. If your work involves heavy lifting, then try to reduce the workload over the next few days.

Do I need to rest after the injection?

It is recommended to rest the joint that has been injected for 48 hours this helps the injection work better. If this is impractical then it is advisable to avoid any strenuous exercise for the following 48 hours. A general principle is to move the joint injected as normal but do not lift or push heavy objects for two weeks after the injection, in order to avoid injuries.

What are the risks or side-effects?

Side effects are rare. Very occasionally people notice a flare in their joint pain within the first 24 hours. This usually settles within a couple of days.

The most important but very rare side effect of treatment is infection in your joint – this is very rare (for every 20,000 injections we give no more than one of them would get an infection). Importantly you should remember that if you have an infected joint it will not get better with the rest and ice packs we suggested. So if your joint feels like it is getting more and more painful and swollen please contact us. If you have a high temperature and your joint becomes Hot, Red, Swollen, Painful then you should contact us direct on 0333 999 2586 or see your GP or go to the Accident and Emergency department

I am diabetic - does the injection affect my diabetes?

The steroid can make your blood sugar higher than normal. You need to check your blood more often for a week. Contact your diabetes specialist for advice if your blood sugar is high.

Are there other side effects I need to know about?

Some patients experience facial flushing after an injection or itching at the injection site. These symptoms should settle within the first few days.

Skin changes – very occasionally you may see some thinning or discoloration of the skin at the site of the injection. This is called de-pigmentation and may take longer to fade; sometimes it has a permanent effect.

Menstrual disturbance – women may have some changes in their normal cycle after an injection. This is more likely if you have more than one joint injected. If it lasts longer than one cycle you should see your doctor.

Steroids can also affect your blood pressure (raise it) temporarily. Especially if your blood pressure is unstable. That will last only a few days, but it is advised to notify us and your GP if you notice it or feel unwell.

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. If you have any reactions that you are concerned about you should contact us or GP or attend A&E.

Please also check thoroughly the consent form you need to sign and discuss with the clinician.

How often can I have my joints injected?

There is no absolute fixed maximum number of injections that you can have. We do not want to give you too many joint injections. The most we will give you is 2 in a year, into the same joint. Very occasionally we will give you more than this if there are special reasons. However, there is a small risk of frequent injections causing cartilage damage, especially in weight bearing joints. Similarly, a tendon could get damaged from too many injections. Your clinician will be able to advise you more specifically about this risk. More importantly, a steroid injection does not reverse arthritis or potential tendon damage.

May I take other medicines along with the steroid injection?

You may take other medications with steroid injections. It is important you tell us if you are taking a drug that thins your blood (an anticoagulant) such as Warfarin; you should bring your monitoring booklet showing your recent INR results. Please see relevant leaflet for more information.

Also, it is advised not to have an injection if you have an active infection and you are taking antibiotics, or if you have just had a live vaccination. Please inform the clinician prior the injection as you might be declined to have the injection on the date of your appointment.

Will it cause side effects throughout my body like other steroids?

No. The injection contains a very low dose of steroid and because of its special preparation it will not spread significantly through the body

Where can I obtain further information?

If you have any concerns about your treatment, please discuss this with your clinician

References and further information

Versus arthritis

<https://www.versusarthritis.org/about-arthritis/treatments/drugs/steroid-injections/>

Date seen in Clinic:

Clinician:

Joints Injected:

Drug Injected:

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