

CORTICOSTEROID INJECTIONS

PATIENT INFORMATION LEAFLET

Please read this information before your appointment

This leaflet explains what an ultrasound-guided corticosteroid injection involves, why you may be offered one, the possible benefits and risks, and what you should do after your injection.

Our service provides ultrasound-guided injections for **joints, bursae and tendon-related problems**. We do **not** perform injections into the spine or around nerves.

Your practitioner will medically assess you to ensure the injection is safe for you. You will have the opportunity to ask questions to your practitioner prior to injection.

WHAT IS AN ULTRASOUND-GUIDED INJECTION?

An ultrasound-guided injection uses an **ultrasound scan to see the tissues underneath your skin**. This allows the practitioner to guide a small needle accurately to the area being treated.

Depending on your condition, the injection may be given into or around:

- A **joint**;
- A **bursa** (a small fluid-filled sac that helps reduce friction around a joint); or
- A **tendon-related structure**.

The injection contains a mixture of local anaesthetic and corticosteroid.

WHY MIGHT I BE OFFERED A CORTICOSTEROID INJECTION?

Corticosteroid injections may be recommended when **inflammation is thought to be contributing to your pain, swelling or stiffness**.

The aims of treatment may include:

- Reducing pain and inflammation;
- Making it easier to take part in physiotherapy and return to your usual activities;
- Helping to diagnose whether a particular joint, bursa or tendon-related structure is causing your symptoms.

A steroid injection is **part of a wider treatment plan rather than a cure for the underlying problem**. For example, reducing your pain may make it easier for you to exercise and strengthen the affected area.

WHAT BENEFIT CAN I EXPECT?

Response to corticosteroid injections varies between patients.

Some people experience a **significant improvement in pain and movement**. Others experience temporary improvement, while some people experience little or no benefit.

Corticosteroid may take **several days (up to 4 weeks)** to have its full anti-inflammatory effect. You may experience instant pain relief from the local anaesthetic used this is often temporary.

It is important to understand that:

- An injection does not guarantee improvement;
- Any benefit may be temporary;
- The amount and duration of benefit vary depending on your specific condition

Your practitioner will discuss what benefit you can **reasonably expect in your individual circumstances**.

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WHAT ARE THE POSSIBLE RISKS AND SIDE EFFECTS?

Most people have an ultrasound-guided steroid injections without serious complications. However, any procedure involving a needle carries some risk.

Temporary increase in pain – common

The area may be sore after the injection.

Your usual pain can sometimes temporarily become worse. This is sometimes called a “**steroid flare**”.

This usually happens within the first **24–48 hours** and settles over the following few days. Occasionally, the pain may be more noticeable and last for up to a week.

This does not necessarily mean that anything has gone wrong and does not reduce the effectiveness of the injection. The tissues can become temporarily irritated before the steroid’s anti-inflammatory effect develops.

Infection – very rare

There is a very small risk of infection following an injection into or around a joint, bursa or tendon-related structure.

Published NHS patient information gives figures of approximately **1 in 10,000 for some ultrasound-guided injections**, although the exact risk varies depending on the procedure and injection site.

An infection involving a joint or deeper tissue can be serious if it is not treated promptly.

Seek urgent medical attention if you develop increasing pain, swelling, redness or heat around the injection site, particularly if you also develop a fever or feel unwell.

Bleeding or bruising – uncommon

A small amount of bleeding or bruising where the needle enters the skin can occur. This normally settles without treatment.

The risk may be higher if you take **blood-thinning medication**.

Please tell your practitioner about any anticoagulant or anti-platelet medication you take.

Do not stop blood-thinning medication unless you have been specifically advised to do so by an appropriate healthcare professional.

Changes to the skin or fatty tissue – uncommon

Steroid can occasionally cause:

- The skin around the injection site to become lighter or darker; or
- Loss of some of the fatty tissue underneath the skin, causing a small indentation or “dimple”.

These changes often improve with time but can occasionally be permanent.

Temporary increase in blood sugar

Corticosteroids can temporarily increase blood sugar levels.

This is particularly important if you have **diabetes**. You may need to monitor your blood glucose more closely for several days after the injection.

If you have diabetes, follow the monitoring or medication advice given to you by your healthcare professional.

Facial flushing or feeling hot

Some people experience temporary:

- Facial flushing;
- A feeling of warmth; or
- Sweating.

This usually settles without treatment.

You may also feel temporarily light-headed or faint around the time of the procedure.

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WHAT ARE THE POSSIBLE RISKS AND SIDE EFFECTS?

Allergic reaction – very rare

An allergic reaction can occur to the steroid, local anaesthetic or another substance used during the procedure.

A severe allergic reaction (Anaphylaxis) is very rare but can be life-threatening.

Symptoms can include:

- Difficulty breathing;
- Swelling of the lips, tongue or throat;
- A widespread rash;
- Severe dizziness; or
- Collapse.

Call 999 immediately if you develop symptoms of a severe allergic reaction.

Weakening of tissues

If your injection is for a tendon-related problem, your practitioner will explain where the medication will be placed.

Steroid can **weaken tendon tissue**, and tendon rupture has been reported following steroid injections.

The risk depends on:

- Which tendon is being treated and the condition of that tendon;
- Where the medication is placed

For this reason, steroid injections are **not appropriate for every tendon problem**.

To reduce risk of tendon injury you will be advised to avoid heavy or repetitive loading of the tendon for a 3 week period after the injection and then gradually return to activity.

Your practitioner will explain any additional risks and activity restrictions that apply to you.

Other less common side effects

Because a small amount of corticosteroid can enter the bloodstream, some people may experience temporary effects elsewhere in the body. These can include:

- **Headache or dizziness**
- **Difficulty sleeping**
- **Temporary mood changes**, such as feeling more anxious, restless or unusually energetic
- **Menstrual changes**, including an irregular or delayed period or unexpected vaginal bleeding. These are usually temporary.
- **Hiccups**, which are very uncommon and usually temporary
- **Temporary changes in appetite**
- **Temporary increase in sweating**
- **Temporary blurred or altered vision** - seek medical advice if this occurs
- **Temporary stomach upset or indigestion**

These effects are very rare after a single local injection, but the likelihood can be higher with larger doses or repeated steroid treatments.

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WHAT SHOULD I DO AFTER MY INJECTION?

For the first 24–48 hours

- Take it easy and avoid activities that aggravate your symptoms.
- Avoid strenuous exercise or heavy/repetitive loading of the treated area unless your practitioner has advised otherwise.
- Gentle movement is usually encouraged, unless you have been given different instructions.
- You may use over-the-counter pain killers if required and safe to do so.
- If the area is sore, a **cold pack wrapped in a cloth** may help.

After 48 hours

Gradually return to your usual activities as your symptoms allow, unless you have been given specific restrictions.

If your injection was for a tendon-related problem, **follow the specific advice given by your practitioner**, as you may need to avoid heavy loading for longer before gradually increasing activity.

A temporary increase in pain during the first few days can occur. However, **severe or rapidly worsening pain is not something you should ignore**. Follow the urgent medical advice below if you are concerned.

WHEN SHOULD I SEEK URGENT MEDICAL HELP?

Seek urgent medical attention if, following your injection, you develop:

- Severe or rapidly worsening pain;
- Increasing swelling;
- Redness or heat around the injection site;
- Fever or chills;
- Feeling significantly unwell;
- Persistent or excessive bleeding;
- Difficulty breathing;
- Swelling of your face, lips, tongue or throat; or
- A widespread rash associated with feeling faint or unwell.

Call 999 immediately if you develop difficulty breathing or swelling of your tongue or throat.

Very rarely, a severe inflammatory reaction can occur after an injection and may look like an infection. This is sometimes called a “pseudo-sepsis” reaction.

Because it can be difficult to distinguish this from a genuine infection, **severe or rapidly worsening symptoms require urgent medical assessment**.

SIDE EFFECTS THAT MAY OCCUR AFTER THE STEROID INJECTION

- A small amount of bleeding and bruising may occur, which will usually settle without any treatment
- Numbness may occur in the region of symptoms, and may extend down a limb or into the hand/foot
- There may be some pain, heat, redness and swelling for 1-2 days in the region of symptoms. It usually settles with a cool pack and regular painkillers
- If you are a diabetic using insulin, your blood glucose levels may increase for a few days. Contact your diabetic nurse if needed
- Facial flushing and/or a hot flush may occur for 1-2 days after the injection
- An irregular menstrual cycle may occur for a few months
- The skin may go white and/or form a dimple around the injection site (resolves after a few months)
- Headaches (1 in 10 patients)
- Increased blood pressure
- Stomach pain or acid reflux (particularly if you have a stomach ulcer)
- Tendons can be more prone to tears/rupture after steroid injections (see below)
- Weakening of the cartilage in a joint (particularly with repeated injections)

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WHAT HAPPENS AFTER THE STEROID INJECTION?

- We advise you not to drive for six hours after an injection
- If you have had local anaesthetic injected, you may not have any pain for the first few hours
- Do the minimum activities necessary for the next 2 days after the injection
- In the first month afterwards, do not put any strain on the area of symptoms while the injection works
- For tendon sheath/bursa injections, you should avoid activity that caused pain (during or after the activity) for at least 1-2 months afterwards
- Physiotherapy follow up is important for advice on when and how to return to activities, and for advice on a rehabilitation/exercise programme (particularly with tendons, which can take 4-6 months to heal).

After 48 hours

Gradually return to your usual activities as your symptoms allow, unless you have been given specific restrictions.

If your injection was for a tendon-related problem, **follow the specific advice given by your practitioner**, as you may need to avoid heavy loading for longer before gradually increasing activity.

A temporary increase in pain during the first few days can occur. However, **severe or rapidly worsening pain is not something you should ignore**. Follow the urgent medical advice below if you are concerned.

HOW QUICKLY DOES IT WORK AND HOW LONG DOES IT LAST?

Most people notice an improvement within a few days or a week. However, it may take up to 6 weeks for the steroid to work. The benefit can last for 2-12 months, or for even longer sometimes.

RARE SYMPTOMS THAT REQUIRE AN URGENT GP APPOINTMENT OR VISIT TO THE EMERGENCY DEPARTMENT (A&E)

If you have severe pain, redness and swelling at the site of the injection, or fever persisting for at least 2-3 days after the injection, then this could be infection. **Please see your GP urgently or go to A&E.**

Allergic reactions are extremely rare, and if they occur soon after the injection at home, look out for redness and swelling of the skin. **Please see your GP urgently or go to A&E**, particularly if you are having difficulty breathing.

If you feel drowsy, confused, dizzy or euphoric, have tinnitus, blurred or double vision, generalised sensations of heat, cold or numbness, twitching, or tremors at home on the day of the injection, this would also be extremely rare, but could be due to the local anaesthetic injection. **You will need to go to A&E.**