

Everything you need to know

Local steroid injections can give rapid and effective reduction in pain and inflammation; however, improvements are usually temporary. As with all medicines, some people may experience side effects. This leaflet aims to provide you with the information that you need to know.

What are steroids and how are steroid injections used?

Steroids are man made versions of hormones that are naturally produced in the human body, and work to help reduce inflammation. Steroids are often recommended for people with inflammatory conditions and musculoskeletal pain, such as inflammatory arthritis. They can also be used in osteoarthritis and a range of other soft tissue conditions which involve pain and/or inflammation.

A range of different steroids exist. Some are shorter acting and work almost immediately, but only give short lived relief of a week or so. Longer acting steroids take around a week to work, but can last for several months. Steroids can be taken as tablets or as an injection.

The steroids used for these purposes are not the same as steroids used by bodybuilders to increase muscle size and strength.

What happens when I have a local steroid injection?

The clinician performing your injection will choose the most appropriate steroid medicines and dose for your condition and symptoms. They will usually inject the steroid directly into the area that is inflamed, such into the joint or around the soft tissue where the pain is felt.

Most injections are quick and easy to perform. Normally an ultrasound scan is used to find out more about where the inflammation is and for a more precise delivery of the injection.

For safety reasons your clinician may delay your injection if you have unstable blood pressure or unstable blood sugars due to diabetes. If you have either of these conditions you will need to get consent from your GP before your appointment.

What happens after the injection?

If you have local anaesthetic, your pain will be relieved within minutes but may wear off after an hour or two. It usually takes several days for the effect of the steroid to fully begin to work.

You may wish to arrange alternative transport home after your injection, especially if you are having local anaesthetic which can cause some numbness and make it difficult to drive.

If you have any injection into the joint you should try to avoid strenuous exercise for two days afterwards. If you are having an injection around a tendon, you may be asked to avoid heavy impact and loading activities for two or three weeks.

Will I need another injection?

If you find the injection helpful, and other treatments are unsuitable, the injection may be repeated. However, injections are most often used to provide a window of opportunity to engage in exercise and rehabilitation or to offer pain relief whilst finding a more suitable program of treatment. Once your pain is better controlled, the need for injection should be reduced.

Will it hurt?

The injection itself can be a bit uncomfortable, but many people find that they are not as bad as feared.

Around a quarter (1 in 4) people may notice an increase in their pain (post injection flare) within the first 24-hours after injection. This usually settles itself within a couple of days. painkillers, such as Paracetamol and applying a cold compress, may help.

Can I take other medicines along with the steroid injection?

You can take other medicines with local steroid injections, however, treatment for certain conditions such as diabetes, cancer, or HIV may require your therapist to first check with your GP or treating consultant. For example, if you are taking a blood thinning drug (also called anti-coagulants) such as Warfarin, you may need a blood test to make sure that your blood is not too thin to have the injection. This is because there is a slight risk of bleeding into the joint. You therefore must tell the physiotherapist giving the injection if you take anti-coagulants as they may need to discuss this with your GP before giving you the injection.

Pregnancy and breastfeeding

Unfortunately, we are not able to offer steroid injections to patients who are pregnant. If you are currently breastfeeding, please ask your therapist for a leaflet produced by Breast Feeding Network in 2014, which has been produced to give you guidance in this area.

Possible risks and side effects

Most people have steroid injections without any side effects. One of the advantages of steroid injections compared with tablets is that the dose can be kept low. This means the chances of these more systemic side effects are very rare.

The risk of side effects is greater with stronger doses and longer acting steroids, such as Triamcinolone Acetonide and Methoprednisolone, as they tend to be stronger and dissolve less easily in your body. However these steroids are often preferred as they offer longer treatment impact.

You will be asked to remain in the clinic for 20 minutes following the injection to allow observation of possible adverse reactions.

Your therapist is trained to, and will take every appropriate step to avoid injecting or traumatising soft tissue structures, nerves or vessels when performing the injection. However, there is a very small risk that this can occur, particularly with injections at certain locations.

Serious Side Effects: Steroid Injection

Serious side effects after a steroid injection are rare. They include:

- **Joint and soft tissue infections:** Very rarely, you may get an infection in the joint at the time of injection. If the joint becomes more painful and hot, you should seek medical attention immediately, especially if you are also feeling generally unwell due to the risk of sepsis.
- **Anaphylaxis**
- Very rarely **joint destruction or damage** can occur although usually associated with overly frequent high dose injections

Other potential side effects

- Risk of tendon rupture / Injury or trauma to neurovascular structures during the injection procedure
- Local subcutaneous fat atrophy: loss of fatty tissue in a localised area. Can cause pitting, scarring and/or bumps. Usually temporary and disappears within a few months.
- Local depigmentation /skin changes. Usually temporary and disappears within a few months.
- Post injection flare of pain at injection site.
- Destabilisation and fluctuation of blood sugars in diabetic patients. **If you have diabetes, you should discuss with your GP and the therapist providing the injection, before the injection takes place.** It is important that you be vigilant of your blood sugars for around a week to two weeks after the injection.
- Blurring of vision or sudden loss of visual acuity due to very rare complication of central serous chorioretinopathy
- Facial flushing
- Menstrual irregularities
- Dizziness

Potential side effects of local anaesthetics

Serious side effects are rare and include:

- Infection – Infection in soft tissue or joint injected (Advise regarding symptoms of septic arthritis and to seek medical attention)
- Anaphylaxis or allergic reaction
- Injury or trauma to neurovascular structures during the injection procedure.
- Loss of consciousness
- Respiratory depression
- Respiratory or cardiac arrest

Other potential side effects include:

- Light headedness
- Numbness of area injected
- Dizziness, drowsiness
- Blurred or double vision
- Vomiting
- Bradycardia
- Hypotension