

## **Local Steroid Injections**

### **Information for patients, relatives and carers**

**This information sheet has been provided to help answer some of your questions**

## Why do I need a local steroid injection?

Steroids have a powerful anti-inflammatory effect, and they are administered to treat inflammation, pain, swelling, and symptoms associated with certain types of arthritis.

The steroid is usually combined with a local anaesthetic (this will make the treatment more comfortable for you and should allow almost immediate temporary relief) and injected into the joint or the surrounding soft tissue. The area is likely to remain numb for several hours after the procedure.

## What injection will I have?

|               |  |
|---------------|--|
| <b>Drug</b>   |  |
| <b>Dosage</b> |  |
| <b>Site</b>   |  |

## Can I take other medicines along with the local steroid injection?

You may take other medicines, but if you are taking an anticoagulant drug that thins the blood (such as Warfarin), steroid treatment may not be suitable for you because of the risk of bleeding into the joint.

If you are taking anticoagulants, you must ensure that your doctor/surgeon is made aware of this before you have a steroid injection.

## Do local steroid injections affect fertility or pregnancy?

Single injections of steroid should not affect fertility or pregnancy. However, if you are pregnant, you should discuss this with your doctor/surgeon before having a steroid injection.

## What are the possible side-effects?

Side-effects from the low doses used in these injections are rare, but **you must contact your doctor/surgeon, or attend your local A&E Department if any of the following occurs:**

- **the injection site becomes red, hot or swollen**
- **the injection site becomes extremely painful on movement**
- **you feel unwell**

Other side-effects may include the following:

- A steroid 'flare' – an increase in pain at the injection site for the first 24-48 hours. This usually settles spontaneously over the next couple of days, although you can take over-the-counter painkillers (such as Paracetamol) and use a cold compress.
- Temporary facial flushing, which may occur 24-48 hours after the injection but will settle within a day or two.
- Diabetic patients may experience temporary altering of sugar levels

- Slight thinning, indentation or loss of skin colour at the injection site - this effect is usually temporary, although in dark-skinned people, the skin at the site of repeated injections will become lighter.
- Interference with the menstrual cycle, with possible bleeding outside of the normal cycle for pre-menopausal women, and the possibility of some bleeding for post-menopausal women.
- Post-injection infections are extremely rare (1 in 23,000)
- Allergic reactions are extremely rare, but patients are monitored for 30 minutes post-injection in order to deal with any adverse reaction should it arise.

## Do I need to do anything after the injection?

It is advisable to rest the injected foot as much as possible for the first 2 – 3 days. Try to avoid activities that normally make your symptoms worse. This will help the steroid to work.

## How long will the steroid injection take to work, and how long will it last?

This varies from patient to patient, but most people report improvement within 24-48 hours. Sometimes it can take up to six weeks for the full benefits to take effect, but they can last from a few weeks to several months.

The injection can be repeated if necessary, generally up to a maximum of three doses per year.

## How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the Patient Advice and Liaison Service (**PALS**) on 01293-600399. **PALS** staff are able to listen to your concerns, suggestions or queries and help sort out problems on your behalf.

Alternatively, you can write to the PALS office at the following address:

PALS  
 Service Experience Team  
 Sussex Community NHS Trust  
 FREEPOST (BR117)  
 Elm Grove  
 Brighton  
 BN2 3EW

Or email: [sc-tr.serviceexperience@nhs.net](mailto:sc-tr.serviceexperience@nhs.net)





## INJECTION CHECKLIST

Patient Name:.....

NHS No: .....

Diagnosis: .....  
.....  
.....

### CONTRA-INDICATIONS (Tick as appropriate)

|                                      |  |  |  |
|--------------------------------------|--|--|--|
| Age under 18                         |  | Pregnancy                                  |  |
| Joint infection                      |  | Breast feeding                             |  |
| Systemic infection                   |  | Joint treated more than 3 times in past yr |  |
| Hypersensitivity to drug             |  | Tendon body / avascular area               |  |
| Adjacent osteomyelitis               |  | Previous history of TB                     |  |
| Anticoagulated                       |  | Glaucoma / family history of glaucoma      |  |
| Bleeding disorders                   |  | Recent vaccination with live vaccines      |  |
| Poorly controlled diabetes           |  | Unstable joint                             |  |
| Prosthetic joint                     |  | Tubercular arthritis                       |  |
| Haemarthrosis                        |  | Hypovolaemia / shock                       |  |
| Severe affective disorder            |  | Recent trauma to affected area             |  |
| History of steroid induced psychosis |  |  |  |

### WARNED RE SIDE-EFFECTS (Tick as appropriate)

|                              |  |                           |  |
|------------------------------|--|---------------------------|--|
| Fat atrophy / depigmentation |  | Altered glycaemic control |  |
| Infection (1:23,000)         |  | Post injection flare      |  |
| Transient facial flushing    |  | Menstrual irregularities  |  |

### PAIN SCORE (Circle as appropriate)

|                           |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|----|
| Pre-injection pain score  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|                           |   |   |   |   |   |   |   |   |   |    |
| Post-injection pain score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

## EQUIPMENT

| STEROID     |  | LOCAL ANAESTHETIC |  |
|-------------|--|-------------------|--|
| Name        |  | Name              |  |
| Batch       |  | Batch             |  |
| Expiry Date |  | Expiry Date       |  |
| Dose        |  | Dose              |  |

## TECHNIQUE

|                              |  |                      |  |
|------------------------------|--|----------------------|--|
| Aseptic / no touch technique |  | Safe sharps disposal |  |
|------------------------------|--|----------------------|--|

|          |  |
|----------|--|
| Approach |  |
|----------|--|

Clinician Name: .....

Clinician Signature: .....

Date: ...../...../ 20.....