

PATIENT INFORMATION LEAFLET

SOFT TISSUE/ INTRA-ARTICULAR (INJECTION INTO JOINT) CORTICOSTEROID INJECTION

This document provides written information regarding the risks, benefits and alternatives of/to steroid injections for musculoskeletal conditions. This is supplementary to the discussion you have had with the doctor. It is important you fully understand this information, so please read this document carefully.

Why corticosteroids?

Corticosteroids are frequently used for these procedures as they are anti-inflammatory agents that slow down the accumulation of cells responsible for producing inflammation within the area. Commonly injected joints include the knee, shoulder, and small joints of the hand and feet. It is also used to decrease inflammation in other areas, such as around tendons and other soft tissue areas.

Procedure:

After the skin surface is thoroughly cleaned, the area is entered with a needle attached to a syringe. At this point, medications can be injected into the area. This may be a joint space, trigger point or soft tissue target.

Is the injection painful?

There may be some discomfort. Sometimes it can be sore for a few hours, and you will be told what to do about this.

How fast does the injection work?

If local anaesthetic is also used, the pain should be less within a few minutes, though it may return after about an hour, just as when you visit the dentist.

The steroid usually starts to work within 24-48 hours and you may start to notice some improvement, but it can take some weeks to notice an improvement.

How long does the effect last?

This varies from person to person and the condition being treated, but the steroid usually continues working for 3 to 6 weeks and most people will experience a lasting reduction in their symptoms after this period of time. It is important to remember that in most instances, the injection is intended to reduce your pain to make it easier to do exercise, which will allow the tissue to get healthier and cause less pain. It is very important to follow the advice provided by your clinician.

How many injections can I have?

This depends on the part of the body involved and will be decided by your doctor and yourself. Usually one injection is sufficient, but

if the pain is severe or has been there for a long time, you may need more.

What should I do after the injection?

Immediately after the injection, you will be advised to wait in the clinic to monitor for any immediate side-effects.

If the problem was caused by overuse, you will probably be told to rest the area for about a week; if it is joint pain, you may start early gentle movement.

If you develop any signs of infection or unexpected side-effects, seek emergency medical advice, but this is very rare.

Will I have to be seen again?

Mostly this will happen after 7 – 10 days, occasionally we will ask to see you after a month. Advice on further management will be given at the time of the injection and at your follow up appointment.

Are there any times I should not have an injection?

Yes, if you:

- Have an infection near to the site of the injection or anywhere else in your body
- Are allergic to Lidocaine (Local anaesthetic) or steroid
- Feel unwell

- Are due to have surgery in the area soon
- Are pregnant or breastfeeding
- You have a replacement joint in the area to be injected
- You have poorly controlled hypertension
- Do not want the injection

**it is important that you inform your clinician if you have any of the issues noted above

Benefits

You might receive the benefit of relief from pain and swelling with this procedure. You can then start rehabilitation sooner, need fewer treatment sessions and return to normal activities more quickly.

Risks

Before undergoing the procedure, understanding the associated risks is essential. No procedure is risk-free.

- There may be allergic reactions to the medicines injected into joints, to tape or the chemicals used to clean the skin, for instance.
- There may be infection, although this is extremely rare.
- You may develop 'post-injection flare' which is joint swelling and pain several hours after the corticosteroid injection. This only occurs in approximately one

out of 50 patients and usually subsides within several days.

- Joint damage may result from repeated, frequent corticosteroid injections.
- De-pigmentation (a whitening of the skin) and/or local fat atrophy (thinning of the skin) at the injection site.
- Rupture of a tendon located in the path of the injection if inadvertently injected.

Alternatives:

Oral pain medications, physiotherapy, surgery (where appropriate).

