



**Somercotes Medical Centre**

## **Patient Information Leaflet for Corticosteroid Injections**

### **Why have I been prescribed a steroid injection?**

Steroid injections are used to reduce inflammation and pain in joints or for localised areas of pain. They are used as part of the treatment for osteoarthritis, sometimes called 'wear and tear' arthritis. Steroid injections can also be used in patients who have rheumatoid arthritis, gout or calcium crystal disease. These injections are usually carried in a rheumatology clinic or by the GP after a consultation with a rheumatologist. They may also be used to treat specific tendon issues.

### **What does a steroid injection contain?**

There are different types of steroids that can be injected. At Somercotes Medical Centre we tend to use a medium duration steroid to give you pain relief for a few months. Longer acting steroids can increase the risk of side effects and complications, but this is tailored according to benefit and response to previous injections.

Your GP may also use a local anaesthetic. This is similar to the anaesthetic used by your dentist. It will not reduce inflammation but may give you temporary relief from the pain. It normally wears off after approximately an hour but can last longer.

### **When would my GP advise against the injection?**

- Local Infection around or involving the joint.
- An active infection requiring oral antibiotics/active covid 19 infection. It is recommended you wait a period of two weeks after finishing treatment/recovery to have your injection.

- Allergy to proposed drugs
- Early trauma
- Haemarthrosis – Blood accumulation within the joint.
- Prosthetic joint /Joint Replacement of the proposed injection site
- Children under 18
- A vaccine within the previous two weeks and vaccines should be avoided in the two weeks following injection. The injection may reduce the effectiveness of your vaccine.

### **Your GP will also need to know about the following to assess whether injection is still suitable:**

- You are immunosuppressed.
- You are taking blood thinning Medications such as – warfarin, edoxaban, apixaban and rivaroxaban.
- Bleeding disorders such as haemophilia.
- Diabetes
- Pregnancy and breast feeding
- Anxious patient or needle phobia
- Impending Orthopaedic appointment

**How often can I have a steroid injection?**

If effective, steroid injections normally last 3-4 months, we would only inject at more regular intervals in special cases. If there is no effect on your pain or a short acting duration, please see your GP for a review your condition.

**How long does the steroid injection take to work?**

You should start to notice an improvement in your pain after one week. Some patients have a beneficial effect prior to this, and full effect is considered to be apparent after 4 weeks.

**Do I need to take any precautions after my steroid injection?**

You should rest for 48 hours after your steroid injection. You should use the joint as you normal would but avoid heavy lifting or exercise. You can take your regular pain killing medications, use paracetamol or cold packs after the injection.

**Can I leave the surgery after my steroid injection?** As with all medications there is a small risk of an allergic reaction to the contents of the steroid or local anaesthetic. Allergic reactions can still occur even if you have had the steroid injection previously. It is advised that you sit in the waiting room for 25 minutes after your injection, especially if it is your first time. If you feel unwell in this period please inform a member of staff and the doctor will see you.

**What are the risks or side effects of having a steroid injection?**

Side effects from the injection are relatively rare. Occasionally people notice a flare in their joint pain in the first 24-48 hours of having a steroid injection. This normally settles down within a couple of days and then the pain should start to improve. A very rare side of a steroid injection is infection in the joint or tissue. For every 20,000 patients given an injection only one patient is likely to suffer from an infection following a joint injection. If your joint becomes more and

more painful, is red, swollen and hot, or if you develop a temperature then you should seek urgent medical help. Do not wait for this to settle down.

Occasionally a blood vessel can be ruptured after having a joint injection. Steroid injections may cause facial flushing and interfere with your periods. Steroid injections may cause a change in your mood. This is unusual but you are more at risk if you suffered with mood disturbance before your injection. Please discuss this with your GP if you are concerned.

People sometimes notice dimpling or pigmentation change over the site where the steroid injection is given. Another rare side effect to having a steroid injection can be damage to the tendon within the joint. This tends to occur when tendon are already weakened or damaged.

**What else should I know about steroid injections?**

If you are a diabetic the steroid may increase your blood sugars for a week after the injections. Your blood sugar should be monitored more closely than normal after an injection of steroid. Steroid injections do not affect your fertility. Steroid injections can be given during pregnancy, but this should be discussed with your GP. If you are on blood thinning medications, we may not be happy to injection you with steroid. This particularly applies to people who are taking warfarin or NOAC's. Steroid injections may delay healing from a wound or post-surgery. It is therefore not advisable to receive them during this time of healing.

Further Information:

<https://patient.info/doctor/joint-injection-and-aspiration>

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