



WESSEX PRIVATE
GENERAL PRACTICE

Steroid/Cortisone Injections

What is a joint injection?

Joint injections are a quick procedure to inject a corticosteroid (not an anabolic steroid) directly into an inflamed, swollen joint or bursa (the shock absorber around a joint) to provide pain relief. Damage or injury to a joint can cause chronic joint pain and make it harder to enjoy everyday activities such as:

- Driving
- Playing sport
- Walking around easily

Conditions that may cause joint pain include:

- Bursitis
- Osteoarthritis
- Tendonitis

A joint injection could benefit you by reducing inflammation and swelling in the affected joint, especially if you're experiencing:

- Elbow pain
- Hip pain
- Knee pain
- Shoulder pain
- Wrist pain

After a joint injection, your pain should improve and you can move your joint more easily, allowing you to get back to your usual routine.

These steroids are only available with a prescription. Before recommending joint injections, your clinician will ask about your general health and may check your blood pressure and blood sugar.

Cortisone isn't suitable for everyone, so you should tell your clinician if you:

- Are allergic to triamcinolone or local anaesthetics eg Lidocaine
- Have depression or bipolar disorder, or if any members of your family have these illnesses

- Have an infection, or have recently come in close contact with somebody with chickenpox, measles or shingles
- Are trying to conceive, currently pregnant or you're breastfeeding
- Have recently had or will soon have any vaccinations

You won't have to wait long to find out if joint injections are right for you, and if you have more than one painful joint you can discuss whether to have them treated at the same time.

What are steroid injections?

Steroid injections are commonly used for the treatment of joint and soft tissue disorders. Steroids have been shown to be helpful for easing pain and reducing inflammation.

Steroid injections are often used in conjunction with local anaesthetic. There are several different formulations of both steroid and anaesthetic which may be used.

Like all medication, an individual's response to a steroid injection cannot be predicted. Most patients experience an improvement in their symptoms lasting a few weeks. For some the beneficial effect will persist for several months. Some patients unfortunately gain little or no benefit.

Steroid injections should not be placed in the same area within 3 months and should not be done within 6 months of joint replacement of the joint to be injected (subject to the discretion of your surgeon).

This information sheet is intended to supplement the advice you will be given by your doctor with regards to the role of steroid injections in your particular circumstances.

When should steroid injections not be used?

Injections are not suitable for all patients. Please inform the doctor or therapist if you believe any of the following may apply to you:

- Allergy to steroid or local anaesthetic
- Infection close to the site of the proposed injection or a significant infection elsewhere
- Broken skin or rash at the site of the proposed injection
- A tendency to bleed more readily as a result of illness or medication
- Surgical metalwork at the site of the proposed injection, for example a joint replacement, screws, plates etc.

What will happen?

Your doctor will first clean the area. The injection is then given either into a joint (for example a knee) or into soft tissue (for example in tennis elbow or carpal

tunnel syndrome) using a needle and syringe. It is usually a very quick procedure, taking only a few minutes.

Are there any risks or side effects?

The risk of a complication arising from a steroid injection is low and serious complications are extremely rare. However occasionally the following may occur and may require medical attention:

Some individuals are **susceptible to fainting** during medical procedures. Faints result from a sudden short-term fall in blood pressure. Please inform the doctor in advance if you feel this may be likely so that precautions can be taken.

Some patients experience **deterioration in their symptoms** for about 48 hours after the injection ('steroid flare'). Rest and simple pain killers usually help.

Infection may be introduced into the joint or soft tissues as a result of an injection. This is extremely rare (about 1 case in every 10,000 joint injections) but can have very serious consequences if not identified and treated promptly. If you experience progressive warmth, redness, swelling or worsening symptoms at the injection site particularly in association with fever, seek urgent medical attention.

Allergic reaction to the steroid or local anaesthetic. Any medication has the potential to precipitate an allergic reaction even in someone who has previously encountered the same medication without problem. This is most likely to occur within 20 minutes of the injection. You should therefore remain in the surgery for this time. Symptoms of severe allergy include; wheeze or difficulty breathing, swelling of the face, throat or tongue, rash or itching, stomach cramps and vomiting, or feeling very unwell. Call for immediate help if necessary.

Bleeding or bruising. This is more likely if you are taking certain medications, for example aspirin or warfarin, and usually settles with simple pressure. If you experience severe swelling or bruising after the injection seek urgent medical attention.

Facial flushing (warmth and redness) may occur. This will usually resolve after 24-72 hours and predominantly affects women. It is not an allergy and does not preclude future injections.

Thinning of the skin and soft tissues at the site of the injection may occur resulting in a dimple. Occasionally the formation of a small lump or loss of a small area of skin colour may also occur.

Tendons or muscles may weaken when in contact with steroid resulting in rupture. This effect is thought to be very rare and may primarily affect damaged tissues already predisposed to rupture. Seek prompt medical attention if you experience new weakness in the affected body part. You will be limited to a maximum of three injections per year into any one place due to repeated injections increasing this small risk or possibly weakening cartilage.

The steroid may occasionally cause **irregular vaginal bleeding** for a few weeks.

Joint and soft tissue steroid injections can cause a **rise in blood sugar** for a few days in diabetic patients. The effect however is usually negligible and would not normally necessitate a change in treatment. In certain circumstances additional monitoring may be recommended.

After the injection

You will be advised to remain in the surgery for 20 minutes in case of allergic reaction.

Avoidance of strenuous activities is generally advised for a few days especially if steroid is injected in the vicinity of a tendon or into a weight-bearing joint.

You can take paracetamol for pain. Anti-inflammatory painkillers such as ibuprofen (taken with food) can be helpful if you have a steroid flare but must not be used if you have an allergy to these or have problems with indigestion. Ice packs wrapped in a tea towel can also be helpful.

Additional advice and precautions relating to particular injections and procedures will be discussed if necessary, at your appointment.