

## What happens after the injection?

- A plaster will be applied over the injection site. The plaster should remain in place for approximately 24 hours to prevent contamination of the injection site.
- Your clinician may advise that you do not drive after the injection.
- You will be advised to keep the injected joint/soft tissues moving gently for the first 48 hours, avoiding heavy physical work, repetitive movements or your normal aggravating positions/movements.
- You will be asked to contact your clinician by email or telephone to update on the results of the injection, unless you need to discuss anything sooner. The contact details are on the front of this leaflet.

## Can I have an injection as I participate in high level or professional sport?

Corticosteroids are banned in some sports and are subject to drug testing by The World Anti-Doping Agency unless the athlete seeks a Therapeutic Use Exemption (TUE), this would also need to include supporting documents from a physician.

You can check whether a specific drug is acceptable or banned in a specific sport on the Global Drug Reference Online website [www.globaldro.com](http://www.globaldro.com)

### References:

[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

[www.shoulderdoc.co.uk](http://www.shoulderdoc.co.uk)

Saunders S & Longworth S (2006) Injection Techniques in Orthopaedics and Sports Medicine (3rd Ed) Churchill Livingstone, Edinburgh.



Musculoskeletal Assessment & Treatment Service (MATS)  
Hampton House Health Centre  
Bristol  
BS6 6AU  
Tel: 0117 330 2662



# Corticosteroid Injections

## Important Information

Clinician name:	
Clinician email:	
Telephone:	
Patient to contact clinician in:	
You have been injected with:	
You were injected in the:	
Date:	
Signed:	

*Helping you to live life well*

## Why should I choose to have an injection?

You have been offered an injection of steroid and/or anaesthetic into your joint (intra-articular) or near your joint (peri-articular) or soft tissues. These injections can help with pain relief when tissues are inflamed, painful or swollen or may be used to help with diagnosis.

The anaesthetic temporarily numbs the area. The steroid has an anti-inflammatory effect. You may experience some early symptom relief, due to the anaesthetic, for up to 8 hours. The slow release steroid takes approximately 2-4 weeks to take full effect and may last for months or longer. In some cases no symptom relief occurs.

## Is the injection painful?

There may be some pain during the injection, if it occurs, it subsides quickly. Most injections are painless.

## Are there any side effects?

The risk of possible side effects is minimised by your clinician undertaking a full assessment, as well as taking into account any existing medical conditions or allergies you have.

The following are possible side effects which are rare, while others, although rare can be life threatening:

- 1 An increase in pain can be experienced for up to 48 hours after injection. Should this occur, take your usual or prescribed pain medication (seek advice from your pharmacist or GP if necessary).
- 2 Changes in skin pigmentation (small pale area) and a loss of sub-cutaneous (fatty tissue) from under the skin around the injection site.
- 3 Infection is rare (approximately 1 in 17,000 - 70,000). If you notice any swelling, redness, weeping and/or heat around the injection site or develop a temperature you should contact your GP or local hospital. Your clinician minimises the change of this occurring by using a 'non-touch technique' when injecting and will explain this to our during your appointment.

- 4 Bleeding or bruising around the injection site.
- 5 Diabetics can experience changes in blood sugar levels for a few days, if these do not settle back to your normal levels contact your GP for advice.
- 6 Allergic reaction (anaphylaxis: 1 in 70,000). If this occurs you will be given adrenaline and immediate medical assistance will be summoned. This is a rare occurrence and you will, therefore, be asked to wait for 30 minutes following your injection to monitor for this reaction.
- 7 Facial flushing (redness) for up to 48 hours.
- 8 Tendon rupture is extremely rare (tendons attach to bone), the greatest risk is thought to be related to the Achilles tendon (the tendon that attaches your calf muscles to your heel), therefore these injections are done under Ultrasound guidance.
- 9 Menstrual irregularity.
- 10 Patients who take medication for inflammatory conditions, such as Rheumatoid Arthritis, should be aware that it can cause up to a 50% reduction in inflammatory values used to monitor the effect of this medication. This can be discussed with your GP or Consultant.

## What happens if I decide to have the injection?

The clinician will explain the process including risks, gain your consent for the procedure and answer any questions you may have. You can withdraw your consent at any time.

## How many injections can I have?

This depends on the area that is injected and the purpose of the injection but usually ranges from 1 to 3 per year. If a subsequent injection is required your clinician will decide in conjunction with you the most appropriate time for this to be undertaken. This period may range from 6 weeks, in many cases this is usually a minimum of 3 months.