

## INJECTION THERAPY PATIENT INFORMATION LEAFLET

This information sheet supplements the advice you will be given by your clinician:

### **What are Corticosteroid injections (CSI)?**

Steroid injections are commonly used and have been scientifically shown to help soft tissue and joint disorders. Corticosteroids strong anti-inflammatories that aim to reduce pain and inflammation that can occur from irritable, arthritic joints or soft tissues. Steroid injections maybe given together with a local anaesthetic. Local Anaesthetic is used to numb the area that may to be contributing to the pain, can make the injection more comfortable and can be used to confirm the clinical diagnosis.

### **How effective are steroid injections / how many will in need?**

CSI can give a quick and effective relief from joint pain and inflammation, however improvement is varied and typically short term. Research has shown that for osteoarthritis, steroid injections typically give 6-12 weeks of effective pain relief. Any benefit is maximized when used as part of a wider rehabilitation plan such as exercise and maintaining a healthy body weight. CSI maybe repeated no more than once every 3-4 months, there is a maximum number per joint.

### **Are steroid injections safe?**

Injection therapy is safe. Only single use sterile needles are used and all reasonable precautions are taken by the clinician to minimize potential negative reactions. Serious side effects are very rare - less than 1 in 20,000 treatments. Like all medication, an individual's response to CSI cannot always be predicted.

### **When should steroid injections not be used?**

Steroid Injections are not suitable for all patients. Inform the clinician if you:

- Have an allergy to steroid or anesthetic
- Have a local infection close to the site or have a significant infection/ on antibiotics
- Broken skin/ rash at injection site.
- Have metalwork at the injection site.
- Awaiting surgery in the next few months.
- Feel unwell.
- Have a tendency to bleed as a result of illness or medication.
- Are pregnant.
- Under 18 years old.
- Do not want an injection.

### **After the injection**

You are asked to remain in the hospital for 30 minutes following the injection to ensure there are no immediate complications. If you feel unwell please inform a member of staff. If you feel well within yourself after this time you are free to leave. You do not need to inform a member of staff before you can leave. It is not usually advisable to drive immediately after an injection.

Avoiding strenuous activities is generally advised for a few days, especially if your CSI is close to a tendon or into a weight bearing joint. You may continue taking your prescribed pain medication or over the counter medication that is appropriate for you.

### Are there any risks or side effects?

The risk of a complication from CSI is low and serious complications are extremely rare. Clinicians use best practice methods to ensure the risk of complications are minimized. You can help by reading this document carefully and highlighting any issues to your clinician

### Occasionally the following may occur and may require medical attention:

- Post injection infection is very rare (about 1 case in every 20,000 joint injections) but can have very serious consequences if not identified and treated. **If you experience progressively worsening painful, hot, red, swelling at the injection site seek urgent medical attention.**
- Allergic reaction to any medication is possible. Symptoms include wheezing or difficulty breathing, swelling of the face, throat or tongue, rash or itching cramps and vomiting, or feeling unwell. This typically occurs within 20 minutes of the injection, if this occurs call for immediate help. **You should remain onsite for this period.**
- Some individuals are susceptible to fainting during medical procedures. Faints result from a sudden short-term fall in blood pressure. **Please inform the clinician in advance if you feel this may be likely** so precautions can be taken.
- Some patients experience deterioration in their symptoms for about 48-72 hours after the injection. This is commonly a **“steroid flare”**. Rest and simple pain medication usually help.
- Joint and soft tissue steroid injections can cause a rise in blood sugar for a few days in diabetic patients. The effect is usually negligible and does not normally necessitate a change in treatment. **Additional blood sugar monitoring is recommended.**
- Bleeding or bruising is more likely, if you are taking certain (**blood thinner**) medications, for example: aspirin, warfarin, apixaban etc 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 and usually resolves after 24-72 hours. It is not an allergy and does not preclude future injections.
- Thinning of the skin and soft tissues at the site of CSI may occur resulting in a dimple. Occasionally the formation of a small lump or loss of a small area of skin color may occur.
- Steroid can result in menstrual irregularity, irregular vaginal bleeding or a missed period.
- Soft tissues, tendons or muscles near a corticosteroid may weaken when in contact with steroid resulting in rupture. This effect is very rare and primarily affects damaged tissues predisposed to rupture. Seek prompt medical attention if you experience new weakness in the affected body part. **Relative rest following injection reduces this risk.**
- Nerve injury for certain types of injection (e.g. Carpel tunnel) is a rare complication.

**If you have any further questions, please ask your clinician.**