



Steroid Injection information

What is an Ultrasound Guided Steroid injection and why do we use them?

A steroid is an anti-inflammatory medication which can be used to reduce pain and inflammation from joint and tendon problems such as osteoarthritis, rotator cuff pain, frozen shoulder as well as others. It is often mixed with a local anaesthetic (a numbing agent) and injected accurately through use of an ultrasound scanning machine which visualises the target tissues and helps guide the path of the needle to the desired location.

Steroid injections are often very effective and can give very good relief from pain for months or indefinitely. This however cannot be guaranteed, and in some cases steroid injections are only partially effective or ineffective. This risk is minimised by first accurately diagnosing your problem through clinical assessment and confirming the diagnosis with an ultrasound scan.

Following a successful steroid injection physiotherapy is often recommended so that movement or muscle strength can be restored to provide longer-lasting pain relief. This will be discussed with you during your appointment if appropriate.

How long does a steroid take to work?

A steroid will often take several days to start working. It will often be mixed with a local anaesthetic (a numbing agent) which will work very quickly, within a few minutes, this will last for several hours. Sometimes there is a period of a few days where 'injection-related' pain is experienced. Paracetamol or use of an ice pack can be effective in managing this, as long as there is no medical reason to avoid this.

Can steroid injections be repeated?

Yes - steroid injections can be repeated. The NHS recommends 'that you usually need to wait at least 6 weeks between injections.....and doctors usually recommend no more than 3 steroid injections in the same area in the space of 12 months' (<https://www.nhs.uk/conditions/steroid-injections/>). Repeated injections can be discussed on an individual patient basis.

Are steroid injections suitable for everyone?

There are some situations where steroid injections are not suitable:

- if you currently have an infection or you are currently taking antibiotics.

- if you have had a COVID vaccination in the last 2 weeks or are due to have a COVID vaccination in the next 2 weeks.
- if you take particular medications that might interact with steroid or local anaesthetics making the medication temporarily less effective e.g. diabetic medication, epileptic medication, blood pressure medication particularly if these medical conditions are not well controlled.
- if you take a particular type of blood thinning medication.
- if you have surgical metalwork or a joint replacement close to the injection site.
- if you have had a joint replacement or surgery involving metalwork in the area to be injected then injections will not be performed due to the increased risk of infection.
- if you are due to have a joint replacement in the next 6 months, there is evidence that a pre-operative injection into this joint may increase risk of infection in this joint post-operatively.
- if there is broken skin or a rash at the site of the injection.
- if you have previously had allergic reactions to steroid injections.

Please let us know if any of these are true on the online assessment form (sent when appointment booked). You will be fully assessed as to your suitability for a steroid injection during your appointment. Your Healthcare Professional will screen you for any medications that may interact with steroid or local anaesthetic medication.

Are there any side-effects associated with Steroid Injection?

More commonly experienced side effects of these include:

- **Pain and discomfort** for a few days (a 'Steroid Flare'). Using an ice pack or paracetamol if there are no medical reasons why this is to be avoided will help to manage this.
- **Temporary bruising.** This likelihood is increased if you are taking blood thinners. We need to know if you are taking any blood thinners. This will be discussed prior to your injection.
- If you have **diabetes or high blood pressure**, you may need to monitor your blood sugars and blood pressure after your injection as they may rise temporarily. If this occurs medical attention should be sought. This will be discussed with you prior to your injection to see if injection is appropriate. **If your diabetes or blood pressure is not well controlled you would need to discuss the suitability of an injection with your GP prior to proceeding.**
- A loss of fat where the injection is given, this may cause a **dimple in the skin** and may be permanent.
- Risk of thinning tendons and cartilage in the area injected. This is a small risk that theoretically becomes greater with repeated steroid injections. You should refrain from heavy lifting for 10-12 days post-injection.
- Development of **paler skin** around the area injected – this may be permanent.
- **Facial flushing** - this often occurs for 1-3 days, mainly affecting women. This is not the same as an allergy.

- **Heavier or more irregular menstruation** than usual in females.
- Other – **anxiety** around the injection can cause faintness and feelings of unsteadiness immediately after the procedure and will usually only last for a few minutes. You will be monitored immediately post-injection in the treatment room.

Rarely experienced side effects include:

- An **infection** - if you experience redness, swelling, heat and pain developing around the injected area and begin to feel unwell, please seek immediate medical attention via A&E.
- An **allergic reaction and anaphylaxis**. This is a very rare but potentially very serious complication that cannot be predicted. People can be allergic to any type of medication even if this has not occurred before with the same medication. You will be monitored immediately post-injection and advised to stay in the building for 10 minutes after the procedure. If you develop a rash, wheeze, facial swelling or difficulty breathing shortly after your injection, then immediate emergency attention via A&E should be sought.

Are there any side effects associated with the injection of Local Anaesthetics?

Light headedness, Numbness of area injected, Dizziness, drowsiness, Blurred or double vision, Vomiting, Bradycardia, Hypotension cardiac arrest, Very rarely loss of consciousness, respiratory depression, respiratory or cardiac arrest.

More serious side effects are likely to occur shortly after an injection. You will be encouraged to remain in the treatment room for 10-15 minutes post-injection to be monitored.

Steroid Injections and COVID-19

We do not have specific data that confirm the increased likelihood of catching COVID-19 following steroid injection. It does however remain a theoretical possibility given the known temporary immune-suppressing effects of a steroid injections.

Post-injection Advice

Monitor for side-effects above.

Generally it is advised that you have someone drive you to and from your injection appointment, or use public transport or a taxi.

If you experience a steroid flare (increase in pain post-injection), it is advised that you avoid driving for the period of the flare. You ideally need to be able to perform an emergency stop before starting again. Driving during this period may have implications for your car insurance. If you have any queries in relation to this please contact your car insurance company.

Avoid strenuous activity and heavy lifting especially for 10-12 days. At this point it usually suitable to begin physiotherapy. You will be advised on the appropriateness of this at your appointment.

Any questions that you may have can be discussed before any injection is given.

If you are unsure whether a steroid injection is appropriate for you. Please contact us to discuss this with a trained injection therapist 01895 717535.