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| **What are steroids?** | Steroids are a type of medicine, which can be given as tablets or injections.Some steroids occur naturallyin the human body. Manmadesteroids act like naturalsteroids to reduce inflammation. |
| **What are they used for?** | They’re used for any pain including conditions affecting the joints; muscles; tendons; nerves and other soft tissues. They may not be a cure and injections are usually undertaken with other treatments like Physiotherapy. Most injections are quick and easy to perform. |
| **What else should I know about local steroid injections?** | An ultrasound scan may be used to guide the injection. You should arrange transport home after the injection, especially if you’ve had local anaesthetic, because numbness or weakness from the anaesthetic can make it difficult to drive. Your insurance company may not cover you to drive after certain types of injection. Injections can also temporarily improve some of your other joints, particularly those close to the injection site. Injection treatments are not always effective and may not help your pain. |
| **How long do local steroid injections take to work?** | Steroids may take around a week to become effective but can ease your symptoms for two months or longer. Sometimes you’ll be given a local anaesthetic with the steroid. You may have some numbness from the anaesthetic which may last from 1 hour up to 24 hours. |
| **What are the possible risks?** | Complications are very unlikely and can be split into the following three groups: |
| **Occasional complications** | Bleeding or bruising may be associated with any type of injection. A temporary flare-up in pain after an injection usually settles within a couple of days but taking simple painkillers like Paracetamol will help. Temporary facial flushing may occur or interference with the menstrual cycle. It’s usual to see a rise in blood sugar levels for a few days after the injection, if you have diabetes therefore it’s important for you diabetes to be well controlled. Please discuss before the injection if you have any concerns. If you have an injection around a nerve this may result in temporary numbness, weakness or altered function that usually settles over a few hours depending on the lasting times of the anaesthetic used. |
| **Rare complications** | In rare cases an injection of steroids into muscle or fat can lead to an indentation in the skin around the area or thinning or changes in the colour of the skin at the injection site. Whilst rare and only cosmetic, this can be permanent. Nerve injury is a risk of any injection and if this happens this could result in ongoing pain or functional problems with muscle weakness or sensation to areas of the body. Blood vessel injury is a risk of any injection and if this happens this could result in a bleed, bruising, a blood clot or ongoing pain. Tendons can become weakened when steroid is injected around them, especially when multiple injections have been used in the past, if this happens it could result in a full tear of the tendon. This may or may not be repairable afterwards and could therefore cause ongoing weakness, pain or disability. |
| **Very rare but potentially serious complications** | Very rarely you may get an infection in the joint at the time of an injection. If your joint becomes more painful and hot you should see your doctor immediately, especially if you feel unwell. If this should occur it will need treating in hospital urgently, possibly with a joint washout and a course of intravenous or oral antibiotics. Allergic reaction is a very rare but serious side effect of anaesthetic or steroid. This reaction causes swelling and is called an anaphylactic reaction, a bit like if people are allergic to nuts, bee stings or certain materials like latex. If you have any breathing difficulties in the 24 hours following injection you **should call an ambulance immediately.** |
| **Aftercare** | If you have an injection into a joint or soft tissue, you should rest it, or at least avoid strenuous exercise, for the first 2-3 days. However, it’s also important not to rest for too long and restarting any physiotherapy exercises after this is important. If the injection is very helpful, and other treatments are either unsuitable or less effective for you, it may be repeated if necessary. |
| **Medicines alongside local steroid injections?** | You can take most other medicines with local steroid injections. You need to mention if you take anticoagulants to the person giving the injection to make sure that they’re aware of this. It’s best to discuss this beforehand, as you may be advised to adjust your warfarin dose before having the steroid injection or discuss the possibility of temporarily stopping other blood thinners (i.e. Apixaban or other medications) depending on the condition you are taking them for. It is common for patients to take a break for things like a dental extraction or minor operation and the clinician needs to be aware of this so you can both have a discussion about the risks involved and decide the best course of action. |
| **What else should I tell the clinician?** | You are not advised to have a steroid injection if you are being treated for an active infection with Antibiotics. You should discuss your diabetes with the clinician also as it may not be safe to proceed. You should mention if you are Epileptic or have Glaucoma or if you have any allergies to medicines. |
| **Will it affect vaccinations?** | You should not have a local steroid injection if you have had a live vaccination within 4 weeks. This does not include the flu vaccinations. |
| **Fertility or pregnancy issues?** | Single steroid injections shouldn’t affect fertility or pregnancy and can be useful treatments in this situation. However, we do not offer local steroid injections to pregnant patients. |
| **What follow-up arrangements do I need?** | Sometimes your clinician will review you or telephone you afterwards. This is normally done after 4 weeks so the injection has had time to work. |
| **Do I need to bring anything with me?** | Please bring your reading glasses so you can read the consent form that you will be asked to sign. Bring a full list of your current medication. |

This information is not intended to replace the advice given by your clinician. If you require more information or have further questions contact your referring clinician or GP or you can use the contact form on our website: <https://advancedphysiosolutions.co.uk/contact-us/>

The following text is based on two published documents**:** Arthritis Research UK Local Steroid Injections;

Faculty of Pain Medicine General info on injections

These can be downloaded in full here:

[**https://www.versusarthritis.org/media/1360/local-steroid-injections-information-booklet.pdf**](https://www.versusarthritis.org/media/1360/local-steroid-injections-information-booklet.pdf)

**https://www.rcoa.ac.uk/faculty-of-pain-medicine/patient-information/interventions**