

# **Steroid Injections**

# Information for patients

The information in this leaflet is intended solely as a guide. If you have questions about any aspect of your care or this booklet, please ask a health professional.

# What is a Steroid Injection?

Steroid injections are a treatment for some soft tissue and joint disorders. They are used to help relieve your pain. This may help you to get on with the rest of your treatment sooner.

The injection may contain a corticosteroid, a local anaesthetic, sodium chloride, or a mixture of these.

- Corticosteroids are fat hormones that help to reduce swelling.
- Local anaesthetic may be used in combination with the steroid to numb the part of your body causing the problem and help to diagnose your problem.
- Sodium Chloride may be mixed with water to make a sterile solution to increase the volume of the injection (also known as saline).

#### How many injections will I need?

If your symptoms persist, you may be offered another injection. You can have up to a maximum of three injections per area in one year. If the injection does not work, other treatment options will be discussed with you.

#### Do I continue with my pain medication?

You can continue taking your pain medication as advised by your GP or pharmacist.

#### You cannot have a steroid injection when you:

- Have an infection.
- Are on antibiotics.
- Are allergic to local anaesthetic or steroids.
- Feel unwell.
- Are pregnant or breastfeeding.
- Are under 18 years old.
- Have had a live vaccination in the 3 weeks prior to your injection (flu vaccine is not a live vaccination).
- Have had other vaccinations in the 2 weeks before your injection or have one planned in the 2 weeks after your injection.

You should discuss with your Podiatrist if you can have a steroid injection when you:

- Have been taking steroids or anticoagulant (blood thinning) therapy in the last six months.
- Have recently had surgery in the area of the injection.
- Have certain systemic medical conditions (medical conditions which affect the whole body).

### Side effects of treatment

Side-effects from this kind of injection do not happen very often. Potential side effects of a steroid injection are:

- One in 50 people may feel increased discomfort for 4 12 hours after the injection. This normally wears off in less than 72 hours. You can apply ice to the area to help ease the pain.
- Facial flushing happens in about one in 20 people. This can happen within a few minutes of receiving the injection and can last up to two days.
- There may be a dimple and skin colour change appearing at the injection site, especially when injections are given to bony areas. This can be permanent. It affects about one in every 25 people.
- For one in two women, there may be a temporary change to your normal menstrual cycle. Post menopausal bleeding happens in about one out of every 10 women who have an injection of a large dose of steroid.
- If you have diabetes, you may have a raised blood glucose level. Your blood glucose level will normally return to its normal level over two weeks. If you are concerned about your diabetes control, then you should make an appointment with your GP. If you normally self-monitor your blood glucose level, then ensure you do this daily for two weeks after the injection or until your blood sugar returns to its normal level.
- Steroid injections can sometimes make the soft tissue weak, and, in very rare cases, steroid injections have been associated with tendon rupture (tear).
- Infection is very rare but will need immediate attention. This affects about one in every 17,000 people. Monitor your injection area for 48 hours after the injection. If your injection area becomes hot, red, swollen and painful, or you feel unwell, you need immediate medical attention, as it may be an infection- guidance on this is included on page 3.
- Anaphylactic shock is very rare, but it is a medical emergency. It happens because the body has an extreme allergic reaction to the local anaesthetic. This affects less than one in every 1000 people.
  - Let your practitioner know if you have had a bad reaction to a local anaesthetic in the past.
  - Anaphylactic shock normally happens within 20 minutes of the injection. You may therefore be asked to remain in the clinic for up to 20 minutes after your injection.
  - Tell your practitioner if you feel unwell during this time so that treatment can be administered.

• Steroid injections could make you more prone to catching a virus as the injection can affect your body's immune response. The exact length of time and size of this effect is unknown but could last from a few days to a few weeks.

### What to do after my injection

- Steroid injections can sometimes make the soft tissue weak, so you must take care for two to three weeks after the injection. Very rarely steroid injections have been associated with tendon rupture (tear). It is important to follow the advice given by the Podiatrist regarding your rehabilitation and exercise following steroid injections.
- Rest the injected area for at least 48 hours. Relative rest is advised for seven days to gain the best effect from the injection unless directed otherwise by your Podiatrist.
- The injections normally take a few days to start working, although some work in a few hours. The effect usually wears off after a few weeks or months.
- Check your injection site from time to time for signs of an infection. If the injection site appears red, hot, swollen and painful, or you feel unwell, either:
  - Make an emergency appointment with your GP
  - Contact NHS 24 on 111
  - Attend your nearest Accident & Emergency.

#### Any more questions?

If you have any further questions, then please ask your Podiatrist and they will be happy to explain.

# For Podiatrist use only

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# Specific advice following injection given by your Podiatrist

Site injected	
Steroid:	-
Dose:	
Local Anaesthetic/Sodium Chloride:	
Dose:	