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 swelling and pain. This may help you to move, exercise and sleep better to progress 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 medicines that help to reduce swelling and pain
- Sodium chloride is mixed with water to make a sterile solution which may be used to increase the volume of the injection (also known as saline)
- Local anaesthetic may be used to numb the part of your body causing the problem and help to diagnose your problem

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. Repeated injections may cause harm to the joint or soft tissues. 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 health professional.

You cannot have a steroid injection when you:

- Have an infection
- Are taking 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 three weeks prior to your injection (flu vaccine is not a live vaccination)
- Have had other vaccinations in the two weeks before your injection or have one planned in the two weeks after your injection.

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

- Have been taking steroids or anticoagulant (blood thinning) therapy in the last six months
- Have had recent surgery around the injection area
- 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 include:

- Approximately a third of 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 occurs in approximately 2 in 5 people. This can happen within a few minutes of receiving the injection and can last up to three days
- There may be a dimple and/or skin colour change appearing at the injection site, especially when injections are given to bony areas. It affects about 1 in every 10 people and often goes back to normal
- For 1 in 2 women, there may be a temporary change to your normal menstrual cycle. Post menopausal bleeding occurs in approximately 1 in 40 women who have an injection of a large dose of steroid
- If you have diabetes, blood glucose levels can increase for approximately 1 in 100 people. This should return to your normal levels in one or 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 your normal level
- Steroid injections can sometimes make the soft tissue weaker, and in very rare cases steroid injections have been associated with tendon rupture (tear)
- In some cases, changes to vision can occur following a steroid injection. If you experience changes like blurred vision or bright lights affecting your eyes, inform your GP or Optician promptly
- Infection is very rare but will need immediate attention. This may be a minor skin infection (1 in 3000) or a more serious joint infection (1 in 100,000). Monitor your injection area; if it becomes red, hot, swollen and painful, or you feel unwell with a fever you may have an infection and need immediate medical attention
- Mild allergic reactions are rare, affecting approximately 1 in every 200 people. The most common type is an itchy rash over the injection site, called urticaria. If this happens, contact your GP
- Anaphylactic shock is very rare, but it is a medical emergency. It happens because the body has an extreme allergic reaction to the medicine. This affects less than 1 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 are advised to remain in the waiting area for 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 in approximately 1 in 10 people

What to do after my injection

- Rest the injected area for the first 24-48 hours. This may help the medicine to work better. Rest may also lower the chance of post injection pain.
- Steroid injections can sometimes make the soft tissue weaker, so you must take care for two to three weeks after the injection. It is important to follow the advice given by the physiotherapist regarding your rehabilitation and exercise following steroid injections. Start gently and build up gradually over this time.
- The injections normally take a few days to start working, although some work in a few hours. The medicine usually wears off after a few weeks; however, symptom relief may last much longer when combined with your rehabilitation.
- Check your injection site for signs of an infection. If the injection site appears **red, hot, swollen and painful**, or you **feel unwell with a fever**, either:
    - Make an emergency appointment with your GP
    - Contact NHS 24 on 111
    - Attend your nearest Accident & Emergency.

Any more questions?

For physiotherapist use only

Specific advice following injection given by your physiotherapist

Site injected _____

Date: _____

Steroid: _____

Dose: _____

Local Anaesthetic/Sodium Chloride: _____

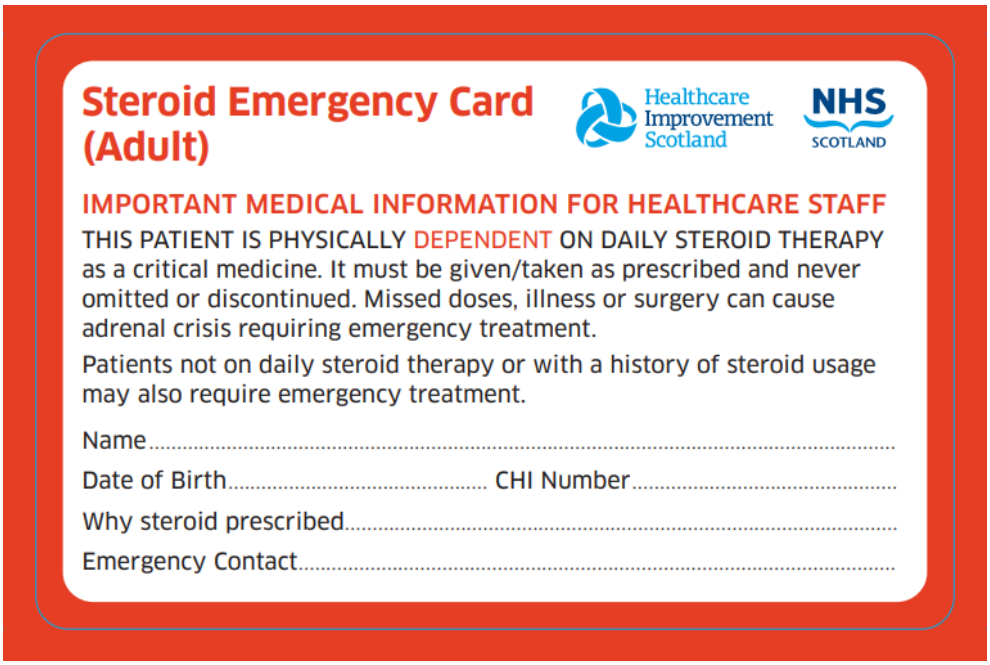
Dose: _____

Steroid Emergency Card

You should fill out the 'Steroid Emergency Card' below if you have received a 3rd steroid injection (to any body part) within a 12-month period, or if you are given a single steroid injection and also use either 1) long-term steroids or 2) have had more than 3 short courses of high dose oral steroid within 12 months of receiving the injection.

- This is due to a risk of 'Adrenal Insufficiency' which is when you replace the body's essential hormones with steroid medication, and the adrenal glands stop working properly and can't produce hormones which are crucial to keeping our body functioning correctly.
- You can cut the card out and keep it safe in your purse or wallet or take a photo using your mobile phone so you can show it to any healthcare professional you see.

Please refer to the card for potential symptoms of adrenal insufficiency and the required actions to take.



When calling 999 or 111, emphasise this is a likely adrenal insufficiency/Addison's/Addisonian crisis or emergency AND describe symptoms (vomiting, diarrhoea, dehydration, injury/shock).

EMERGENCY TREATMENT OF ADRENAL CRISIS

1) **Immediate** 100mg Hydrocortisone i.v. or i.m. injection **followed by** 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5%

   OR 50mg Hydrocortisone i.v. or i.m. four times daily (100mg if severely obese)

2) Rapid rehydration with Sodium Chloride 0.9%
3) Liaise with endocrinology team

For further information scan the QR code or search https://www.endocrinology.org/adrenal-crisis