

# Local steroid injections to joints and soft tissues

## Pain Management Team

### Patient Information Leaflet

#### Introduction

This leaflet will provide you with information about what to expect when you come in for a local steroid injection.

#### What is a local steroid injection?

The injections are of steroid and local anaesthetic. They are given into specific areas causing pain around joints and soft tissues. Soft tissues are the tissues surrounding joints.

#### What are the benefits?

We use local steroid joint and soft tissue injections to try to reduce pain due to arthritis or soft tissue inflammation when the pain is not adequately controlled by other measures.

These injections are not a cure but many patients find them useful in relieving their symptoms for several weeks and sometimes months.

## How is the injection given?

Your treatment will be at Russells Hall Hospital or Corbett Outpatient Centre as an outpatient in the Day Surgery Unit (either a morning or an afternoon appointment). This will be confirmed at your clinic appointment.

- The nurse will clean your skin with an antiseptic solution.
- A nurse/practitioner will spray your skin with a solution to freeze your skin to reduce the pain related to the injection.
- The practitioner will inject the drug, usually composed of a steroid and local anaesthetic, into the affected joint(s) or soft tissue.
- A plaster will be applied over the puncture site of the injection and this can be removed the same evening or following morning.

## Do I have to have an injection?

No. A local steroid injection is not treatment that you have to have, but it may help where other forms of treatment have not achieved sufficient relief.

## Is there anything that can go wrong with a local steroid injection?

There is no guarantee that the injection will help your symptoms. Side effects following a joint or soft tissue injection are uncommon and potentially serious complications are rare.

### Rare complications include:

- Infection (approximately one in 10,000 procedures). If you get an infection, you may notice increasing pain, warmth and swelling of the joint occurring more than one week after the injection.
- Bleeding into the joint which is usually only a concern in people on warfarin or similar blood-thinning drugs (for more information please see section 'What if I am taking warfarin or other blood- thinning medication?').
- Allergic reactions to the local anaesthetic used in the injection.

## Occasional complications include:

- The injected area may feel sore for about 48 hours after the injection.
- Some thinning or change of colour of the skin may occur at the injection site. This is more common after superficial injections (those which are close to the skin).
- The injection may cause facial flushing and/or interfere with the menstrual cycle.
- People who have diabetes may find it harder to control their blood glucose for a few weeks.

Side effects such as those seen with regular steroid treatment (e.g. weight gain, osteoporosis) are rare with local steroid injections unless they are given frequently.

If you have any concerns either before or after having the injection, please contact us on the Pain Management helpline: 01384 244735.

## **Please tell the practitioner before having the injection if:**

- you are allergic to elastoplasts, lignocaine or steroids.
- you have a medical condition such as diabetes or high blood pressure.
- you are pregnant.
- you are taking blood-thinning medication such as warfarin.

## What if I am taking warfarin or other blood- thinning medication?

The risk of bleeding into a joint after a local injection if you are on **warfarin** is very small if your warfarin dose and warfarin blood tests are stable (INR less than three), and there is usually no need to discontinue warfarin before the injection.

The anticoagulation clinic will call you to attend the clinic approximately one week before your injection to check your warfarin blood test/INR and adjust your warfarin dose, if necessary. You will also be asked to attend the anticoagulation clinic on the day of your joint injection, before the injection is carried out, for a finger prick blood sample.

The result from this sample is available in seconds and will be written in your anticoagulation book (yellow book). You will be asked to take the book back to the injection clinic. If your INR is less than three, the injection will be carried out. If the INR is higher than three, the injection will be postponed and your warfarin dose will be adjusted to bring your INR down.

Occasionally, for medical reasons, your warfarin dose is adjusted to run the target INR greater than three. In this situation, your doctor will decide on the safest course of action regarding your warfarin doses and INR target around the time of the injection.

If you are on tablets such as Xarelto® (**rivaroxaban**), Eliquis® (**apixaban**), Lixiana® (**edoxaban**), Pradaxa® (**dabigatran**), or similar, for an irregular heartbeat (atrial fibrillation):

These tablets need to be stopped for a short period before your injection to minimise the risk of bleeding into the joint. Usually, we need to wait at least 24 hours after the last tablet you have taken before performing your injection, and in some cases up to three days is required. Please ask your nurse or doctor for more information.

**If the doctor or nurse you saw when the decision for injection was made did not advise you about when to stop this type of medication, please ring the clinical nurse specialists on the Pain Management helpline 01384 244735 for advice, in good time before your appointment.**

If you are on **any of these medications** due to a deep vein or lung blood clot (deep vein thrombosis or pulmonary embolism), and/or are known to have impaired kidney function, the benefits from having the injection over the risks (bleeding into the joint or further blood clots) are a lot less clear. We will need to discuss this with you.

If the blood-thinning treatment for this reason is for a limited time only, it would be safest to consider putting off the injection until your blood-thinning treatment has finished.

## **What will happen after the local steroid injection?**

We will advise you to remain seated in the Day Case Unit for 30 minutes after the injection for observation to ensure that you have completely recovered following the injection.

You should not drive yourself home after an injection so please arrange for someone to drive you. If you have an injection in your leg, a wheel chair (and if necessary a porter) will be provided to take you back to the car.

We advise you to rest the affected joint(s) as much as possible for 48 hours after the injection before gently returning to normal activity. Resting the joint(s) may help to achieve maximum benefit from the injection.

You may find that your pain is worse straight after you have had the injection. This should subside over the next few days and you are advised to take painkillers as normal. If the pain persists, you can call the helpline number (at the end of the information sheet), or contact your GP for advice.

In the unlikely event that you feel generally unwell after a local steroid injection, please contact your GP immediately.

## Can I find out more?

Arthritis Research UK has a range of information relating to methods of controlling pain in arthritis on their website:

<http://www.arthritisresearchuk.org/arthritis-information>

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Clinical nurse specialists on the Pain Management helpline:  
01384 244735 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/pain-management/>

If you have any feedback on this patient information leaflet, please email [patient.information@dgh.nhs.uk](mailto:patient.information@dgh.nhs.uk)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ، ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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