

Local Steroid Injections to Joints and Soft Tissues

Rheumatology

Patient Information Leaflet

Welcome to The Dudley Group Rheumatology department. This leaflet will provide you with information about what to expect when you come in for ultrasound-guided injections.

Please read the leaflet and then ask the doctor who is going to do the injection any questions you may have.

Why am I having local steroid injections?

We use local steroid joint and soft tissue (soft tissues are the tissues surrounding the joints) 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?

The injection is carried out in the department of Rheumatology at Russells Hall Hospital.

- Your skin will be cleaned 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 patients 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 suffering with diabetes may find it harder to control their blood sugar 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 Rheumatology Helpline: 01384 244789.

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 will happen after the local steroid injection?

You will be advised to remain seated in the Day Case Unit for 30 minutes following 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.

It is also advised that you 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 pain killers 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.

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

The risk of bleeding into a joint following 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 prior to the injection.

The anticoagulation clinic will call you to attend 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 then the injection will be carried out. If the INR is higher than three then the injection will be deferred 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**), Pradaxa® (**dabigatran**), or Eliquis® (**apixaban**) or similar for an irregular heart beat (atrial fibrillation), we would advise you to leave at least 24 hours between the last tablet and the injection, to minimise the risk of bleeding into the joint.

If you are on **rivaroxaban** for 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 and will need to be discussed with you on an individual basis. If blood-thinning treatment for this reason is for a limited time only, it would be safest to consider putting off the injection until your other treatment has finished.

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 not had swabs taken to screen for carriage of MRSA since this injection was recommended to you or if you have any other queries please contact:

Rheumatology Helpline on 01384 244789

Please use this space for any notes you may wish to make

Under review

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਨਫਰਮੇਸ਼ਨ ਕੋ-ਆੱਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिए तो पेशेंट इनफरमेशन को-आरडीनेटर को टैलीफ़ोन नम्बर **0800 0730510** पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરને **0800 0730510** પર સંપર્ક કરો.

आपनि यदि এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটরের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

إذا كنت ترغب هذه الوريقة مترجمة بلغتك الاصلية (اللغة العربية) , فرجاءاً اتصل بمتسق المعلومات للمريض **0800 0730510** على التلفون Information Co-ordinator

مہم ضرورت اس لیفلیٹ کو اپنی زبان (اردو) میں حاصل کرنے کے لئے براہ مہربانی ٹیلیفون نمبر **0800 0730510** پر فونکٹ / فریڈنگ / کو-آورڈینٹر (مریضوں کے لئے معلومات کی فراہمی کے سلسلے میں) کے ساتھ رابطہ کریں۔

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