



**The Dudley Group**  
NHS Foundation Trust

# Information for patients undergoing ultrasound-guided local steroid injections during the coronavirus pandemic

**Radiology Department**

**Patient Information Leaflet**

## Introduction

You were offered a corticosteroid injection to treat your condition at The Dudley Group NHS Foundation Trust. This leaflet explains how circumstances have changed since the onset of the coronavirus (COVID-19) pandemic and how this may affect you.

COVID-19 is a new disease caused by a virus known as coronavirus. Approximately one in five people who catch the virus do not experience any symptoms and will be unaware that they have been infected. Most patients who catch coronavirus only experience mild, flu-like symptoms. Unfortunately, about one in five people develop a more serious illness (COVID-19 disease) and may need to be admitted to hospital.

This information leaflet will explain the risks and benefits as well as possible alternatives to having a corticosteroid injection, and aims to answer most of the questions you may have. If you have any further questions or concerns, please ask the radiologist who is providing your treatment. Not all of the uses and side effects of the steroids we use are listed here. For further details, please see the manufacturer's patient information leaflet that comes with the medicine.

If your symptoms have changed since you were referred, please let the radiologist know and they can discuss with you whether the injection is still suitable.

## Corticosteroid

A corticosteroid (also called cortisone) is an anti-inflammatory medicine which can be injected directly into the tissues that are causing your symptoms. It is an alternative to taking anti-inflammatory medication by mouth. It acts directly in the area injected and will not cause weight gain. Corticosteroids are not the same as the anabolic steroids taken by bodybuilders or athletes to increase muscle bulk / strength.

## Potential benefits

The injection can relieve inflammation which is responsible for causing symptoms such as pain, swelling and stiffness. By breaking the cycle of pain and inflammation, this may help you with your rehabilitation. The injection can also be helpful in the diagnosis of your condition, as the response, or lack of response, may indicate which structures might be causing your symptoms.

It is therefore especially important that you accurately record your response to the injection, and report this if you are seen subsequently.

You may also have a local anaesthetic injected at the same time, which allows for temporary pain relief.

## Potential risks

Most of the possible side effects of the injection are rare and include:

- Flushing (redness) of the face for 24 to 48 hours. This is not uncommon.
- Local fat loss and / or change in skin colour around the injection site. These are permanent but are very rare.
- Pain may increase for 24 to 48 hours following the injection and may not improve for up to two weeks.
- Diabetic patients may notice a temporary increase in blood sugar levels.
- Bruising of the tissues or bleeding into joints can occur, resulting in discomfort and stiffness. This may be worse if you are taking blood thinning medication (e.g. aspirin, warfarin, clopidogrel, apixaban, rivaroxaban). Please let us know if you are receiving these or similar drugs as they may need to be stopped days before your procedure. By using the ultrasound machine to guide the needle, the risk of damage to nearby tendons or tissues is reduced compared to injections without this.
- Infection can rarely occur. If the joint or local area becomes red, hot, swollen and painful for more than 24 hours, or if you feel generally unwell, you should contact the doctor who referred you for the injection, your GP or the Radiology Department.
- Slight vaginal bleeding / menstrual irregularities are sometimes noticed.
- An allergic reaction to the drug. You will be asked to wait at the hospital for a short time after your injection to check for any reactions. These are rare but can be life threatening and may not occur until a second or third injection. You must inform us of any previous reactions.

## Alternatives

Alternatives to the injection include lifestyle changes, physiotherapy, use of anti-inflammatory medicines and other pain killers, as well as splints, braces and walking aids. Sometimes, surgery may need to be considered.

## Performing the injection

The injection will be performed by a radiologist – a doctor who specialises in ultrasound. This will usually be a consultant or a specialist registrar under the supervision of a consultant. The injection will take place in an ultrasound room.

You will have an opportunity to discuss any questions you may have. You will be placed on a couch and the overlying skin will be cleaned with antiseptic (which may be quite cold). A needle is gently positioned into the affected area, and the solution is then injected through it. The injection is not usually particularly painful, but occasionally it can be quite uncomfortable. There may be some local discomfort for a few hours after the procedure. A plaster will be placed over the site to keep it clean, which can be left on for 24 hours.

## After the injection

If local anaesthetic is also used in the injection, your pain may start to improve within a few minutes, although this may return when it wears off (please note if this occurs). The steroid usually starts to work after 24 to 48 hours, but it may take a little longer. The effect of the injection varies depending on the type of problem and how severe it is. The injection may give no relief at all, partial / full relief for many months or sometimes even indefinite, lasting relief. Further injections may be offered depending on the quality and length of response you experience.

You may be asked to rest the area for a short period after the injection. This usually means you should avoid activities that make your pain worse. You will then be able to gradually return to your normal function. This helps to maximise the benefit given by the injection. You may also be referred for physiotherapy treatment. Before having any other medical treatment within six weeks of the injection, you should tell the treating clinician that you have received a corticosteroid injection.

## COVID-19 considerations

There is some evidence that seasonal flu is contracted more easily after this type of treatment (approximately 1.5 times as often) due to an immune-suppressive effect of the steroid injection treatment.

Observations during previous Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) outbreaks have also raised concerns. It is therefore possible that infection with COVID-19 may also be affected by corticosteroid injections.

It is also likely that if you are carrying coronavirus without symptoms, a steroid injection may increase your risk of a more severe adverse outcome from the virus. However, we do not have any direct evidence for this and, if there was an affect, there is no indication how much this may be.

As a result, we have mostly withheld this treatment over the initial period of the COVID-19 pandemic. Advice is now suggesting we ease this restriction, but still limit corticosteroid injections to treating severe, intrusive symptoms where there are no other appropriate alternative treatment options and limit doses to a minimum. Our plan is to resume procedures on patients with the fewest underlying medical conditions, as this treatment will be deemed low risk.

We will take several measures to minimise the risk of COVID-19 adversely affecting you:

- You will be provided with a face mask to wear and hand sanitiser to use upon entry to the hospital.
- Staff will wear appropriate personal protective equipment (PPE) when they are treating you.
- To keep you and our staff safe, visiting is restricted at the hospital.
- We will not keep you in hospital any longer than necessary.
- You must be confident that neither you, nor anyone living with you, have had any COVID-19 symptoms in the two weeks preceding your admission. Please do not attend your appointment if you, or anyone living with you, has any of the following symptoms:
  - **High temperature**
  - **New, continuous cough**
  - **Loss or change to your sense of smell or taste**

You can reschedule your appointment by ringing the Ultrasound Department on 01384 456111 ext. 2002 or 2030.

**If you decide to go ahead with the procedure, there are COVID-19 related risks that you need to consider. These include:**

- With the measures outlined above, the risk of you carrying coronavirus at the time of the injection will be very low, but cannot be excluded.

- You could be unknowingly carrying coronavirus, despite not having any symptoms when you come into hospital for your procedure.
- You could catch coronavirus from one of the hospital staff or other patients, who are unknowingly carrying the virus.
- If you are carrying coronavirus when your procedure is undertaken, or if you develop COVID-19 symptoms soon after, your recovery could be prolonged and there is a risk of developing a serious illness, possibly leading to an admission to intensive care or a situation from which you may not recover. This risk is greater if you are of White European ethnicity aged over 60, Black, Asian or minority ethnicity (particularly those aged above 55, with underlying health conditions), of male gender, have had cancer within the last year, or if you have underlying conditions, such as diabetes, serious obesity, chronic lung disease, serious heart disease, chronic kidney disease, liver disease (such as cirrhosis) or if you are immunocompromised.

We will do our best to ensure that you have your procedure on the day it is planned, but please note that these are exceptional times. It is possible that any planned surgery may be postponed for reasons outside our control, such as lack of anaesthetic drugs or critical equipment.

At present, we cannot provide you with any hard numbers to quantify the additional risk that COVID-19 could have on the outcome of your injection. Your consultant (or a member of their team) will discuss these risks with you and will be able to answer any questions that you may have. We will be monitoring the progress of all our patients through our outcomes programme so that we are alerted to any COVID-19 related complications, or any other complications, as quickly as possible. The intention of this leaflet is to help you make a decision whether to proceed with a steroid injection or not. Please feel free to discuss any further queries that you may have with your treating clinician.

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

The Ultrasound Department on 01384 456111 ext. 2002 or 2030  
(9am - 5pm excluding 12pm - 2pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

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

<http://dgft.nhs.uk/services-and-wards/radiology/>

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

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

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

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 va rugăm sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ برائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔