

Corticosteroid Injection Therapy

Community MSK Assessment and Physiotherapy Service (CMAPS)

Patient Information Leaflet

Introduction

At your assessment, your physiotherapist has discussed with you that a corticosteroid injection may be helpful to manage your condition. This leaflet gives information about what these are, the benefits and risks of the injections, and what you need to do after you have one.

What is a corticosteroid?

It is a synthetic (made in the laboratory) version of a naturally occurring hormone produced in the body that reduces inflammation.

What are the benefits?

- Reducing inflammation, which can help relieve swelling, stiffness and pain in a joint or soft tissue.
- Increased functional ability.
- Improved general mobility by reducing pain in weight-bearing joints.
- Increased strength through preventing de-conditioning of the surrounding muscles associated with chronic joint conditions.
- It is rarely a stand-alone treatment. It is usually used alongside other treatment and advice provided by physiotherapists and other healthcare professionals in order for you to reach your maximum potential.

Will the injection be painful?

There may be some pain at the time of injection, but this usually wears off within a few hours. We will give you advice about how to relieve this pain when you have the injection.

What are the side effects or risks?

All procedures have some side effects or risks, and it is important that we make you aware of these. For corticosteroid injections, these include:

- A flare of pain after the injection. This happens to between two to 10 people in every 100 and normally goes away in a few days.
- Flushing of the face and neck.
- A mild allergic reaction which may give you itching, redness or a rash.
- Feeling lightheaded or fainting immediately after the injection.
- A loss of fat where the injection was given – this can cause dimples in the skin and may be permanent.
- The skin around the injection site may discolour/change colour, either paler or darker - this may be permanent.
- Slight vaginal bleeding in women that should settle within five days of the injection. If it persists, please inform your GP as it may be unrelated to the injection.
- Diabetic patients may notice a temporary increase in blood glucose levels.
- You may get some temporary bruising around the injection site.
- Rupture of tendons – this is rare. To avoid this, it is very important that you follow the specific advice that you are given after the injection.

Serious (but very rare) adverse reactions include:

- Infection - the area of the injection may become hot, swollen and painful for more than 24 hours, and you may get a fever. If this happens, you must contact your GP immediately or go to your nearest hospital emergency department if the GP surgery is closed, as you may need to have antibiotics.
- Anaphylaxis - a very severe, life-threatening allergic reaction which happens if you are severely allergic to any of the ingredients of the drug that is injected. This is a medical emergency which your physiotherapist has been trained to recognise and manage.

For this reason, you will need to wait in the department for a monitoring period of 30 minutes after your injection. This will allow us to see if you have any bad reactions to the drug and provide appropriate treatment if it happens.

What are the alternatives?

Injection therapy is the recommended best treatment option for your condition at this present time. However, we will also have given you information about any alternative treatments available to you, if you decide not to have the injection.

Please let the physiotherapist know before you have the injection if you would like to try an alternative treatment.

How quickly will the injection work?

This varies, but most people report an improvement in their symptoms within 24 to 48 hours. It can take three to four days or possibly longer for the steroid to take effect in some people.

How long does the effect last?

This varies from person to person and the condition being treated, and unfortunately is often difficult to predict. Some patients experience a lot of benefit from the injection and their symptoms do not come back. Other patients have short-lived relief, no relief or need a follow-up injection.

How many injections can I have?

This depends on the part of the body involved and will be jointly decided by your physiotherapist and yourself. Usually one injection is sufficient, but if the pain is severe or has been there a long time, you may need more.

The number of injections you can have in one session varies depending on the areas to be injected. There is a maximum safe dosage of steroid medication that can be given at one time.

Are there times I should not have an injection?

Yes. You should not have an injection if you:

- Have an infection on your skin or anywhere else in your body, and/or you are taking antibiotics.
- Have an active tuberculosis infection.
- Feel unwell.
- Are allergic or hypersensitive to corticosteroids.
- Have a poor immune system due to illness or a medication.
- Are due to have surgery in that area soon.
- Are pregnant or breastfeeding.
- Are under 18.
- Are taking warfarin and your international normalised ratio (INR) is three or over and/or unstable.
- Are having the injection into a joint that is unstable or a replacement joint.

- Have poorly controlled diabetes.
- Have peripheral vascular disease (poor circulation) in the area to be injected.
- Have had recent trauma to the injection site.
- Have poorly controlled mental health disorders.
- Have an abscess and/or cancerous lesion in or near the site of the injection.
- Have problems with larger tendons such as the Achilles and patellar tendons.
- Have lymphoedema in the arm or leg to be injected.
- Are undergoing investigation or treatment for cancer (surgery, chemotherapy or radiotherapy).

What should I do after the injection?

Your physiotherapist will recommend a suitable rest period and will advise you to avoid activities that make your condition worse. We will give you specific advice on when you can resume your normal activities and what you can do to help prevent your problems coming back. We may also give you some gentle exercises to help your condition, if we are seeing you again.

Driving yourself home is usually not a problem, but it is preferable to have someone drive for you.

It is important that you follow these instructions to get the most benefit out of your treatment.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact your physiotherapist on the contact number they have given you or via our admin office number on 01384 321605.

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

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

If you have any feedback on this patient information leaflet, please email 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.

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

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