



**The Dudley Group**  
NHS Foundation Trust

# **Ultrasound-guided steroid Injections in 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 a joint or soft tissue injection, including those done under ultrasound guidance.

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

## **What are ultrasound-guided steroid injections?**

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

Ultrasound guidance may be used when an injections without guidance is technically difficult or has not provided the expected benefit.

## **What are the benefits?**

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

## **How is the injection given?**

The injection is carried out in the Clinical Research Unit, Russells Hall Hospital. We will ask you to lie down and will examine your joint by ultrasound. This is painless and does not involve radiation.

A final recommendation as to whether to proceed with an injection will only be made at that stage. We will require your informed consent for the procedure before proceeding, based on our explanation and your understanding of potential benefits and complications (see below).

We will need to check whether you have allergies, are on a blood thinner or suffer from diabetes mellitus.

We will clean the area and mark the correct side and site, then numb the site with a freezing spray, or occasionally with a local anaesthetic. The injection will be given in one of two ways:

- Using ultrasound guidance to mark the site to be injected before the injection

Or

- Using ultrasound guidance during the injection

We will explain which method we will use for your injection during your appointment.

## **Is there anything that can go wrong ?**

There can be no guarantee that the injection will help your symptoms. Side effects following a joint or soft tissue injection are uncommon, however, all injection procedures carry some risks.

### **Rare complications include:**

- infection (approximately one in every 5000-10,000 procedures).
- bleeding into the joint which (usually only a concern in patients on warfarin or similar blood-thinning drugs (for more information please see section on pages 5-6)
- allergic reactions to the local anaesthetic used in the injection.

- When a tendon or ligament area of the lower limb has been injected, there have been some reports of tendon tearing (rupture) following local steroid injections.

This is rare and most likely occurs when the pain relief from the injection encourages overuse of an already frail tendon. The ultrasound before the injection will allow some assessment of the health of the tendon, to advise whether an injection should take place or not.

### Occasional side effects 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 after an injection.
- The injection may cause facial flushing.
- It may interfere with the menstrual cycle.
- People who have diabetes may find their blood sugar control is likely to be worse 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.

## What happens after the injection?

You will rest in the Clinical Research Unit for about half an hour.

You should not drive yourself home after an injection, so you will need to arrange for someone to give you a lift home. If a joint/soft tissue area in the left was injected, we will provide you with a wheelchair and, if necessary a porter, to take you back to the car.

It is a good idea to rest the affected joint(s) as much as possible for 24 to 48 hours after the injection before gently returning to normal activity. Resting the joint(s) can help to achieve maximum benefit from the injection.

When an area next to a tendon or ligament of the lower limb has been injected, it is advised to avoid impact exercise for a period of four weeks.

You may find that your pain is worse 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 (01384 244789) or contact your GP for advice.

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

## Special procedures if you are taking warfarin or similar 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 3.0) and there is usually no need to discontinue warfarin prior to the injection.

You should attend the anticoagulation 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 injections, before the injection is carried out, for a finger prick blood sample.

The results 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 intended to run a target INR greater than three. In this situation your referring Rheumatology clinician will need to 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 heart beat (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 for 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 Rheumatology helpline (01384 244789) 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 less clear and should have been discussed this with you by the referring Rheumatology clinician.

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

**Please let your consultant know before the injection if any of the following apply to you:**

- you are allergic to plasters, lignocaine or steroids
- you have any other medication conditions such as diabetes or high blood pressures
- you are pregnant
- you are taking blood thinning medication such as warfarin or rivaroxaban.

## Can I find out more?

Arthritis Research UK can be accessed at the following weblink: [Arthritis UK, arthritis information](#)

It has a range of information relating to methods of controlling pain in arthritis.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact: **Rheumatology Helpline on 01384 244789 (9am to 5pm Monday to Friday)**

Russells Hall Hospital switchboard number 01384 456111

This leaflet can be downloaded or printed from: <https://www.dgft.nhs.uk/services-and-wards/rheumatology/>

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.**

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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.

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Aceasta brosură 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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