

Physiotherapy Department

Physiotherapy and steroid injections

What is a steroid injection and when are they used by physiotherapists?

A steroid injection is a treatment used to reduce pain and inflammation in a joint or around a particular soft tissue like a tendon. Although the injection will not treat the underlying cause of your symptoms, it may help to reduce pain temporarily. This will allow you to start or progress your rehabilitation. Physiotherapists use injections in combination with rehabilitation to help you return to activities you value and enjoy.

Are there any risks or side effects?

Most people will have no side effects after a steroid injection. The injection may be a little uncomfortable when given, but generally people report them to be not as bad as they thought they may be.

When side effects do occur, they are often mild and temporary. Your physiotherapist will discuss the risks and side effects with you in more detail.

However, we know that some patients have reported the following:

- Allergy/Anaphylaxis - some people can experience redness, itching, rash, sneezing, wheezing or runny eyes.

In severe cases, breathing becomes difficult and the person may feel faint, confused, and clammy. This is called an anaphylactic reaction and is considered a medical emergency. We don't really know how often it happens. Where it has occurred, it has happened immediately after the injection. Our physiotherapists are trained to spot this, and manage it



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appropriately.

- Infection at the site of injection (1 in 17,000).
- Septic arthritis (arthritis caused by infection inside a joint) (occurs in 0.01 – 0.03% of cases)
- Depigmentation – Whitening of the skin at the injection site can occur. This can be more noticeable if you have dark skin. This can be temporary or permanent.
- Fat atrophy – Fat cells under the skin can shrink resulting in a dimple or indentation at the site of your injection. This can be permanent. (In one study, depigmentation and fat atrophy occurred in 4% of cases)
- Fainting during the procedure.
- Bruising/bleeding at the site of injection.
- A temporary increase in pain for 24 – 48 hours (2 – 25% of cases).
- Tendon ruptures or tears
- Increase in blood sugar levels for around one week
- Flushing of the face for 1 - 3 days (10 - 15% of cases).
- Uterine bleeding – should only be temporary (if this is on-going or if it occurs and you are post-menopausal, please consult your GP).
- Worsening mood (particularly if you have a previous history of anxiety or depression).

How do I find out if I can have a steroid injection?

Your usual physiotherapist will need to ask you some questions relating to your medical history and current symptoms. If it is considered that a steroid injection may help, they will discuss your case with a physiotherapist who is professionally qualified to provide injections. If appropriate, an appointment will then be made with this physiotherapist, who will check you to confirm that a steroid injection is suitable and safe for you.

During this appointment, the physiotherapist will also explain the injection procedure in detail. The injection can then be given in the same appointment, but you will be asked to provide your consent by signing a consent form. This appointment can take up to 40 minutes.

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If a steroid injection is not right for you, or if the risks of you having it outweigh the benefits, the reasons will be explained to you. You will be referred back to the person who referred you to the clinic. They will discuss the future management of your symptoms with you.

If you have been diagnosed with a Trigger Finger by your doctor or another healthcare provider, you may be directly appointed with the injecting physiotherapist.

How do I prepare for the injection appointment?

Please make sure to attend the appointment wearing clothes that can be easily removed or adjusted to expose the area of the body which is to be injected. Your physiotherapist can advise you on this.

If you are taking warfarin or heparin, we will need to know your INR (International Normalised Ratio) level. Please bring records of your most recent reading with you, If you do not have this please ask you GP surgery for the most recent reading before the appointment. Other anticoagulants such as clopidogrel, aspirin, and apixaban are considered safe with steroid injections. If you are taking any other anticoagulants, please inform your physiotherapist.

If you are diabetic, we need to know that this is stable. You may wish to check your blood sugar levels or discuss this with your diabetes nurse before the appointment.

You will need to let us know before the appointment if you become unwell, have an infection, are taking antibiotics, have suffered an injury to the area that is to be injected, or have any of the other issues listed below.

Inform us by calling **024 7696 4140**.

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What would prevent me having an injection on the day of my appointment?

You will not be offered an injection if you are:

- Currently unwell, have had an injury in the past 2 weeks or have a current infection (even if it is a minor complaint such as a cold or sore throat).
- Currently taking any antibiotics.
- Needle phobic (an extreme fear of needles/injections) or have a mental health problem that may be worsened by the injection.
- Controlling your diabetes poorly or your diabetes is unstable (check with your diabetes nurse or GP before to your injection appointment if you are not sure).
- Taking an anticoagulant called warfarin and your INR is over 3.0.
- Diagnosed with a bleeding disorder such as haemophilia.
- Allergic to local anaesthetics or steroid.
- Likely to get infections (also known as being immunosuppressed) or have had lymph nodes removed in the same area. This may have been caused by, cancer treatment, having an organ transplant or long-term steroid use for example.
- Living with a replacement joint or have metal screws/plates in the area to be injected.
- Waiting for surgery for the same problem. Due to the increased risk of infection, your surgeon may not want you to have injections within a number of months before the surgery. You will need to discuss this with your surgeon.
- Due to have or have had a vaccination within 2 weeks of your steroid injection.

If any of the above relates to you please call Coventry Integrated Musculoskeletal Service on 024 7696 4140 to reschedule your appointment, as we will not be able to offer you an injection on the day if you attend.

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Who will give me the injection?

All physiotherapists working in our injection clinics have received highly specialised masters level university training in injection therapy. Our physiotherapists usually work in teams. You will find from time to time they work together to advise and support each other. They also do this in case of emergency.

What will be injected and how will this be done?

For injections into joints and soft tissues, we use a local anaesthetic to numb the area called lidocaine, and a steroid called triamcinolone acetonide (Kenalog).

The physiotherapist will mark the exact site for injection. Then, using a technique which helps protect you against infection, they will insert the needle and inject the lidocaine. They will then switch syringes to the steroid, without removing the needle, and inject the steroid. Once the injection is complete, the physiotherapist may apply a small dressing.

What happens immediately after the injection?

You will need to remain in the department for 10 minutes after your injection so we can monitor you for any side effects.

You should be able to drive home unless your pain has increased, you experience any numbness in the area or affected limb, or you feel unwell.

You will be given a follow up appointment with your physiotherapist to review the outcome of the injection.

If your pain worsens following the injection, you can use over the counter pain killers, as long as you know you are safe to do so. If you do not know, please ask your pharmacist.

If you develop swelling, redness, heat, increased pain in or around the site of the injection or if you feel generally unwell or feverish, you should go to

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A&E immediately. These may be signs of an infection and you may need antibiotics. If this happens, please inform us.

If you are taking insulin for diabetes, you will need to closely monitor your blood sugars for 7 days after your injection. You may need to adjust your insulin levels temporarily if the injection causes your blood sugar levels to rise.

You can do normal day to day activities but try to avoid any intense activities with the injected area for one week after the injection. The injection temporarily weakens the soft tissues and therefore it is possible to cause an injury. If you have a very physical or demanding job, please discuss this with your physiotherapist as it may not be appropriate for you to return to full duties immediately after.

How long will the injection last and will I need another one?

The effects of the steroid injection will be different for each person. The steroid may start to work within 24 - 48 hours but it can take up to three weeks for some people to notice a change.

Typically, the effects of a steroid injection will last up to three months. Some people will experience shorter term relief, others will find their symptoms completely resolve. Occasionally, some people describe no change in their symptoms after the injection.

The best outcome would be that you only need a single injection. There is a risk of damage to soft tissues and worsening off joint cartilage with repeated injections.

If further injections are necessary, this would need to be discussed with your physiotherapist. Currently we offer no more than 3 injections in the same area of the body in one year, and each repeated injection has to be at least 8 weeks apart.

For further information

Chartered Society of Physiotherapy, ACPOM (2001) A clinical guideline for the use of Injection therapy by Physiotherapists. London. Available:

<https://www.scribd.com/document/283503840/Csp-Guideline-Injection>

Patient Information

The Trust has access to interpreting and translation services. If you need this information in other languages or formats please contact **024 7696 4140** and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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