

Trauma and Orthopaedics

Steroid injections

Introduction

Steroid injections have an anti-inflammatory effect and are given to help reduce pain and swelling, and to help you move a joint more easily. Many people have steroids injected into their joints (e.g. shoulders, knees, elbows or hands). Steroids can also be injected into soft tissues to treat conditions such as tennis elbow and trigger finger. The steroids used for injections are similar to those produced naturally by the body. Pain relief following a steroid injection can last for a few weeks to many months. However, the injections should not be repeated more than three times a year in any one joint or space.

What happens during the procedure?

Joint injections are usually performed as an out-patient or day-case procedure. You will be awake during the procedure. Before your injection, your clinician will examine the area. Your skin will be cleaned with an antiseptic wipe or solution. You may also be given a local anaesthesia to numb the skin before the steroid is injected, or your doctor may inject local anaesthesia at the same time as the steroid mixed in the syringe. This local anaesthesia may provide immediate short-term pain relief. If you have too much fluid in your joint making it feel tight and uncomfortable, your clinician may draw the fluid out with a syringe before injecting the joint. This is known as joint aspiration. For certain joints, your clinician may also use X-rays or an ultrasound scanner during the procedure. This helps them to direct the injection to the right spot.



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What happens afterwards?

If you have a local anaesthetic injected with the steroid, you may not have any pain for the first few hours. However, when the local anaesthetic wears off, your pain may return as the steroid can take several weeks to work. It is advisable that you stay within the hospital for 30 minutes after the injection to make sure you don't have any immediate side-effects. Try to completely rest the joint for 24 to 48 hours to allow the steroid to take effect. If you are unable to completely rest the area injected, try to keep movements to a minimum and avoid strenuous activity. If you are having physiotherapy, your physiotherapist may encourage you to move the joint while it isn't painful.

It is possible that you might have a 'flare reaction' following an injection which may cause an increase in your pain for a few days. **Contact the hospital immediately** if you develop any of the following symptoms soon after your joint injection:

- a high temperature
- increased redness or swelling around the joint
- wheezing or a tight chest.

Hand therapy

If you have been given any earlier advice on activity modification, exercises or splints, you may continue to follow this guidance after your steroid injection. You may be offered further hand therapy input to help your rehabilitation and recovery. Appointments can be face-to-face, by video or by telephone, and our hand therapy department will send further details out to you. While we generally advise patients to rest the treated area for 24 to 48 hours after an injection, sometimes your therapist will encourage you to move the joint while it isn't painful.

How long will I be off work and when can I drive?

It is your responsibility to ensure you are safe to drive. You can discuss this further with your treating clinician if you remain unsure. Please consider bringing someone with you, to avoid having to drive home yourself immediately after an injection. You may wish to consider waiting until you can grip the steering wheel tightly without

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any distracting pain, before resuming driving. Returning to work will depend on your type of job. Again, please speak to your treating clinician about this, and do not resume sporting activities until you are told that it is safe to do so.

What are the risks following an injection

Joint injections are commonly performed and are generally safe. However, in order to make an informed decision and give your consent, you need to be aware of the possible side-effects and complications of this procedure.

Side-effects

These are the unwanted but mostly temporary effects of a successful joint injection. You may feel more pain and tenderness than usual in the injected area for a day or two. You can use ice to treat this (although you should not apply ice directly to your skin; use a damp cloth between the ice and the skin and do not leave it in place more than 15 minutes). Alternatively, take pain killers that you know are safe for you. Steroids may also cause temporary facial flushing.

Complications

Specific complications are rare, and most people are not affected. It is possible to have an unexpected reaction to the anaesthesia or bleeding during or very soon after a joint injection. It is also possible to have thinning or bleaching of the skin at the site of injection along with weakening of the normal tissue & fat under the skin at the injection site (causing permanent skin changes). There is also a small risk that injecting a joint can cause an infection. The risk of infection may increase depending on your general health. If an infection occurs, it may need treatment with antibiotics. If you develop pain and heat in the area that has been injected and especially if you feel unwell, **you should see your doctor immediately.**

Other very rare complications include: damage to nearby nerves or tendons which could cause significant problems, failure of the injection to work well (or at all), pain coming back (recurrence), a bad generalised reaction to the steroid (an allergic reaction). Finally, **if you are diabetic it is advisable to**

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monitor your blood sugar levels carefully, as a steroid injection can alter these levels for a few days.

How long to steroid injections take to work?

If a local anaesthetic has been given, pain relief should occur within a few minutes, but this will wear off quickly. Longer acting steroids take several days and up to a few weeks to become effective.

Further information

For emergencies, then please dial NHS 111 or attend your local Emergency Department or Urgent Treatment Centre. However, for any routine queries, please contact your clinician's secretary using one of the phone numbers below. In the event you are experiencing any problems, please contact your GP or your clinician's secretary:

Mr David's secretary	024 7696 5974
Mr Fowler's secretary	024 7696 5092
Mrs Hedley's secretary	024 7696 5093
Mr Jones' secretary	024 7696 5092
Ms Langley's secretary	024 7696 5064
Mr Mahon's secretary	024 7696 5095
Mr Samson's secretary	024 7696 5974

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