Corticosteroid injection patient information

What are steroid injections and how are they used?
Steroid injections are often recommended for people with painful inflamed joints due to osteoarthritis or rheumatoid arthritis, and for soft tissue inflammation such as tendonitis, tenosynovitis, or bursitis. The injection can reduce the inflammation, which in turn should reduce pain. Steroid injections can't treat the underlying cause of your condition, but they can treat the symptoms. How quick the treatment works, and how long it lasts will also depend on your condition.

What are the normal risks when you have a steroid injection?
Most people have steroid injections without any side effects. They can be a little uncomfortable at the time of the injection, but many people feel that this is not as bad as they feared. Occasionally people notice a flare-up in their joint pain within the first 24 hours after an injection. This usually settles by itself within a couple of days. Taking simple painkillers like Paracetamol will help. Injections can occasionally cause some thinning or changes in the colour of the skin at the injection site, particularly with the stronger ones. Very rarely you may get an infection in the joint at the time of an injection. If your joint becomes more painful and hot you should **see your doctor immediately**, especially if you feel unwell. People are often concerned about the possibility of other steroid-related side effects such as weight gain. One of the advantages of steroid injections compared to tablets is that often the dose can be kept low. This means that these other side effects are very rare unless injections are given frequently. Steroid injections can sometimes cause temporary changes to women's periods. They can also cause changes in people's mood – you may feel very high or very low. This may be more likely if you have a history of mood disturbance. If you're worried, please discuss this with your doctor.

What are the additional risks relating to Coronavirus?
Due to a proportion of the injected steroid being taken up by your body into the bloodstream, your body's immune system may be temporarily affected. It is not known for certain whether this has any practical effect on you catching Coronavirus or to the severity of any infection if you did catch it, but it is theoretically possible that it could because of the immunosuppression. Injection of steroid should be postponed if you are experiencing Coronavirus symptoms (or any other viral illness such as flu) at the time of your planned appointment (please contact your healthcare team if this occurs). This risk should be greatly reduced if you have been vaccinated against Coronavirus.

How does the procedure take place?
The physiotherapist will talk to you about the most appropriate steroid mixture and dose for you. This will depend on your condition and symptoms. Depending on where the pain and inflammation is, steroids can be injected: directly into an inflamed joint (this is known as an intra-articular injection) or into the soft tissue close to the joint (a peri-articular injection). Most injections are quick and easy to perform. Sometimes you'll be given a local anaesthetic with the steroid to reduce the discomfort of the injection. You might be advised to wait for 10 to 15 minutes in the clinic after your steroid injection in case of any adverse reactions.

Is there anything else I need to know before I have a steroid injection?
You will not be able to have a steroid injection if you have an infection, particularly if it's in the part of the body that needs treating. If you have diabetes, you'll need to discuss this with the clinician undertaking the procedure because having a steroid injection can raise your blood sugar levels for a few days after the injection. It is important you monitor your blood sugar levels after a steroid injection. There is evidence that having too many steroid injections into the same area can cause damage to the tissue inside the body. Your doctor will probably recommend you don't have more than three steroid injections into the same part of the body within a year. You may be advised to have less than that depending on your symptoms. It's important not to overdo it for the first two weeks after a steroid injection. There is a small risk that if you exercise a joint too much immediately after a procedure, you could damage tendons that attach muscles to bones. After this time, it's important to continue with any exercises given to you by your health professional. Start off gently and gradually increase the amount you do.

Can I take other medicines along with steroid injections?
You can take other medicines with steroid injections. However, if you're taking a drug that thins the blood, known as an anticoagulant (for example, warfarin), you may need an extra blood test to make sure that your blood is not too thin to have the injection. This is because of the risk of bleeding into a joint. You should mention that you take anticoagulants to the person giving the injection. You may be advised to adjust your Warfarin dose before having the steroid injection.

Vaccinations
Steroid injections reduce the effect of your body's immune system in the short term. This is how they reduce inflammation. Some vaccines work by giving you a very small dose of a particular disease, so that you then become immune to it. You won't be able to have a steroid injection close to the time you have certain vaccinations. Talk to your healthcare team about when you'll be able to have a steroid injection if you've recently had a vaccination, or if you're due to have one soon.

Alcohol
There's no reason to avoid alcohol after steroid injections. Government guidelines recommend that men and women shouldn't regularly drink more than 14 units of alcohol a week. It's a good idea to space your units out over the course of a week. Having at least two alcohol-free days a week is good for your health.

Fertility, pregnancy, and breastfeeding
Current guidelines state that steroids are not harmful in pregnancy or breastfeeding. Single steroid injections shouldn't affect fertility, pregnancy or breastfeeding and can be useful treatments in these situations. If, however, you're pregnant or breastfeeding you should discuss it with your doctor before having a steroid injection.

Sources: www.versusarthritis.org; NICE; Faculty of Pain Medicine of RCoA; British Society for Rheumatology; BSSR; CSP; BOA; BASS