

PATIENT INFORMATION

Patient Injection Information

How will I benefit from a steroid injection?

Injections into soft tissues and joints can be very effective in giving pain relief, particularly if the pain is caused by inflammation. The injection consists of a small amount of corticosteroid that has an anti-inflammatory action and sometimes a local anaesthetic, which numbs the area temporarily. The pain relief following a steroid injection will hopefully allow you to start to use the affected area more normally and return to normal function more quickly.

Is this the same drug that athletes and bodybuilders take?

No. The steroids we inject are completely different and are extremely safe.

Why don't I just take anti-inflammatory pills?

You can, but the side effects of these are much more common and can cause stomach upsets and bleeding. These injections bypass the stomach and developed to stay locally where they are placed.

Are there any times I should not have an injection?

Yes, if you:

- Have any infection on your skin or elsewhere in your body
- Are allergic to local anaesthetic or steroid
- Feel unwell
- Are due to have surgery soon
- Are pregnant
- Are under 18
- Are referred for injection into an artificial joint
- Concurrent treatment with Coumarin anticoagulants e.g. warfarin INR greater than 2.5 (Injection Therapy may be administered under a patient specific direction after discussion with the patients GP or consultant)
- Do not want the injection
- Have active Tuberculosis
- Have had a Covid-19 vaccination within 2 weeks
- Have had a flu vaccination within 72 hours
- Diabetic HbA1c level of more than 69 mmol/mol

Can the injection upset any other medical problems I have?

The steroid injection needs to be considered carefully if you:

- Take anticoagulants which can increase the risk of bleeding after injection
- Have poorly controlled Diabetes as steroid can temporarily increase the level of your blood sugar. In these cases the Podiatrist may need to discuss the injection in more detail with your GP before going ahead with treatment
- Have previous Tuberculosis – a very rare side effect is reactivation of the Tuberculosis infection

What are the possible side-effects?

These are rare and your podiatrist will discuss them with you:

- Infection
- Allergic /anaphylactic reaction to the drugs
- Flushing of the face for a few hours
- Small area of fat loss or a change in colour of the skin around the injection site
- Slight vaginal bleeding
- Deterioration of diabetic glycaemic control
- Post injection flare of pain
- Bleeding/ bruising at injection site
- Trigger of Tuberculosis in known and unknown carriers of the infection
- **Injected steroids can reduce the function of the immune system for several weeks which means that there is a potentially increased risk of becoming infected with coronavirus (COVID-19) or other viruses. In a small proportion of patients that can lead to serious complications, including serious lung damage, which in the worst cases could require admission to an Intensive Care Unit (ICU/ITU) and ventilation and possibly death**

How is the injection done?

The skin is cleaned with antiseptic. A needle is gently put into the affected part, and the solution is injected through the needle. You will be asked to remain in the department for 30 minutes after the injection so that your immediate reaction to the injection can be assessed.

Is the injection painful?

People can experience some degree of pain however it is not particularly for most people as your Podiatrist has had intensive training in the technique. Sometimes it can be sore for a few hours, however, during this time you should only experience your normal level of discomfort, and you will be told what to do to help this.

How fast does the injection work?

If local anaesthetic is also used the pain should be less within a few minutes, though it may return after about an hour, just as when you visit the dentist. The steroid usually starts to work within 24-48 hours but may take longer.

How long does the effect last?

This varies from person to person and the condition being treated, but the steroid usually continues working for 3 weeks to 9 months.

How many injections can I have?

This depends upon the part of the body involved and will be decided by your therapist and yourself. Usually one injection is sufficient, but if the pain is severe or has been there for a long time, you may need more. Each joint should not usually be treated more than 3 times in one year.

What should I do after the injection?

If the problem was caused by overuse, you will probably be told to rest the area for about a week; if it is joint pain, you may start early gentle movement.

To gain the most benefit from the injection it is important that you follow the advice given to you.

☒ Avoid sustained, repetitive or heavy use for..... days. Gradually resume activity following this and continue any exercises you have been given.

☒ If you notice increased pain lasting longer than 48 hours after the injection or increased swelling, redness or warmth around the injection site, or you feel generally unwell, please contact your GP, Podiatrist, or emergency department and tell them about this injection.

Your Podiatrist is.....

Contact details: 01803 217712 (8.45 – 15.15 Monday - Friday)

This is what has been injected:

Steroid name and dose:

Local Anaesthetic name and dose:

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.