

Steroid Injection Information Leaflet

The aim of this information sheet is to help answer some of the questions you may have about having a corticosteroid injection. It explains the benefits, risks, and alternatives of the procedure as well as what you can expect when you come into clinic. If you have any questions or concerns, please speak to the Podiatrist.

Local steroid injections (injections into an affected area, e.g. a joint or ligament) can be a quick and effective treatment for joint or soft tissue pain, swelling and stiffness. These injections have been tested and have helped many people. However, as with all drugs, some people may experience side effects.

What are steroids and how are steroid injections used?

A corticosteroid (or 'cortisone') is an anti-inflammatory medicine which can be injected directly into the tissues that are causing your symptoms. It is a safer alternative to taking anti-inflammatory medication by mouth. It acts directly in the area injected and is not the same as the steroids taken by bodybuilders or athletes.

The injection can help to relieve swelling, pain and stiffness caused by inflammation. This may in turn help you to start your rehabilitation and return to normal activities sooner by 'breaking the cycle' of pain and inflammation. It can also be helpful to aid in the diagnosis of your condition if it is not clear which structures are responsible for your pain. You may also have a local anaesthetic injected at the same time, which allows for temporary pain relief.

Common conditions treated include:

Inflammation of soft tissue:

- ligament (including plantar fasciitis)
- nerve irritation (including neuroma/tarsal tunnel syndrome)
- tendon (tenosynovitis)
- soft tissue lumps and bumps (including ganglions/bursitis)
- scar pain/sensitivity

Joint Pain

- localised joint inflammation (synovitis)
- arthritis (including osteo / rheumatoid / gout / pseudogout)



What are the risks and possible side effects?

COMMON SIDE-EFFECTS (MAY AFFECT UP TO 1 IN 10 PEOPLE)

- Soreness / bruising from a steroid 'flare' (unpredictable local reaction) at the site of injection. This can occur four to 12 (4 to 12) hours after the injection but normally wears off in less than 72 hours. Take over-the-counter painkillers (i.e. paracetamol) and apply ice to the area to ease the pain
- Increase of pain at the injection site (for up to seven days)
- Small area of fat loss (skin dimpling) at the site of injection
- Change in skin colour around the site of injection
- Light headedness
- Temporary bruising or bleeding at the site of injection (especially if you are taking blood thinning tablets such as aspirin or warfarin)
- Flushing or redness of the face for a few hours up to 24 to 48 hours

RARE

- Diabetic patients may notice a temporary increase (a few hours) in blood sugar levels
- Haematoma (localised collection of blood) at the site of injection
- Fainting

VERY RARE

- Infection at the site of injection. If the area becomes red, hot, swollen and painful for more than 24 hours, or if you feel generally unwell, you should contact your Podiatrist immediately or you should seek advice from your GP or Accident and Emergency (A&E) department
- Convulsion (fits)
- Cardiac arrest (stopping of the heart)
- Anaphylactic reaction for example a serious allergic reaction)
- Slight vaginal bleeding / menstrual irregularities. If it lasts longer than one cycle you should see your doctor
- Tendon rupture

What happens after the procedure?

If local anaesthetic is also used in the injection, your pain may start to improve within a few minutes; although this may return when it wears off. The steroid usually starts to work after 24 to 48 hours, but it may take a little longer. The effect of the injection varies from person to person and usually continues to last for about six weeks. This does not necessarily mean that you will need a second injection, as long as you follow the advice given to you after the injection.





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What do I need to do after I go home?

Depending on the cause of your pain, you may be asked to rest the area for a short period after the injection. This does not usually mean total rest but refraining from activities that make your pain worse, after which you should try to gradually return to full function. This is to maximize the benefit given by the injection. You may also be shown some exercises to do whilst you are in the clinic or referred for physical therapy treatment. If you are having other medical treatment within six weeks, you should tell the treating clinician that you have received a corticosteroid injection.

How quickly will the local steroid injection work?

This varies with individuals, but most people report improvement of their symptoms within 24 to 48 hours. It can, however, take a few days or even weeks before any change is noticed, and some patients gain little if any benefit from their use. In this case, a repeat injection may be recommended.

Can I drive afterwards?

No. You will not be allowed to drive on the day of your treatment. It is advisable to have someone who can drive you back home and accompany you to this injection appointment.

Will I have a follow-up appointment?

You will be reviewed six (6) weeks after the steroid injection.

How many local steroid injections will I need?

You may need more than one (1) injection. If symptoms persist, your clinician may decide to inject again. There are a maximum number of times (usually 3 injections spaced over 1 year) that soft tissues or joints should be injected and, if necessary, the clinician will discuss this with you.

Are there any other alternatives?

Alternatives to the injection include lifestyle changes, use of anti-inflammatory medicines and physical therapy. Occasionally, a surgical opinion may be helpful. If you would like further information about these other options, then please let us know.





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CONTACT US

If you have any questions or concerns about local corticosteroid injections, please contact the Podiatrist:

Telephone: 01536 204701 or through the website podiatrypluscorby.co.uk/contact-us

If you feel it is urgent and you need to contact someone, telephone your GP, Out of Hours service or attend Accident and Emergency (A&E) at your local hospital.

