

If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Feedback

Tell us what you think of our patient information leaflet. Please send your comments to the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Shropshire Orthopaedic Outreach Service 'SOOS' contact details:

01691 404055 | 01691 404199

01691 404171 | 01691 404172

l.smith-williams@nhs.net

Further information regarding the medicine used in your injection is available on:

www.medicines.org.uk

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Information for patients Why am I having Injection Therapy



Shropshire Orthopaedic Outreach Service 'SOOS'

Why am I having an injection?

Injections into soft tissues and joints can be very effective in giving pain relief when tissue is inflamed. They are used to help calm down inflamed or irritable joints and soft tissues. They can also be used to confirm clinical diagnosis (i.e. if after an injection, the pain subsides, diagnosis may be confirmed).

What is in the injection?

It may contain a corticosteroid, a local anaesthetic or a mixture of both. Corticosteroids are hormones naturally produced by the body. They have a number of different actions including an anti-inflammatory effect. Synthetic corticosteroids have been produced to mimic this effect. Local anaesthetic is used to give a temporary numbing effect that can help with a diagnosis and will also help make the injection more comfortable. Some injections may not include a local anaesthetic.

Potential adverse effects - are rare but can include:

- Facial flushing in 5% of patients (or 1 in 20 injections) - this may last up to 48 hours
- Alteration in blood sugar levels-up to a week or so (this can be a problem in diabetes)
- Joint / soft tissue infection-rare: 1:1000 injections.
- Skin Atrophy (dimpling in the skin)/Skin discolouration at injection site - can appear within 4 months and last 6-24 months or longer.
- Post injection flare/pain for 24 - 48hours to 7 days (in 2-10% of patients)
- Anaphylaxis (severe allergic reaction) occurs very rarely but is a medical emergency (UK study 2005 showed 1 in 1,333 of the English population have experienced anaphylaxis at some point in their lives). It happens because the body has an extreme allergic reaction to the injection and normally happens very quickly (within 30 minutes of having had the injection). As a precaution, the first time you have an injection, we ask that you remain for 30 minutes afterwards.
- Menstrual cycle disturbance- causing bleeding outside of the normal cycle in premenopausal women. It may also cause bleeding in post-menopausal women. Patients are advised to contact GP.
- Tendon rupture
- Intra articular corticosteroid injections can cause falls in ESR and CRP levels in blood in patients with inflammatory arthritis (e.g. Rheumatoid arthritis). This needs to be considered when monitoring effects of patient's response to certain drugs they may be on for their type of arthritis.

We complete a thorough medical checklist before an injection to limit the possibility of an adverse reaction. Patients are advised that if area becomes hot /red /swollen and you feel unwell - contact GP/A&E immediately

What can I expect after my injection?

The procedure takes a few minutes, and the effects of the injection are varied.

The local anaesthetic (if included in your injection) works within a few minutes and you may feel some numbness, which will only last for a few hours.

Some patients report an increase in pain after their injection which usually resolves within a few days. It may be due to the local anaesthetic wearing off and the corticosteroid starting to work and is entirely normal. If this occurs then taking simple pain killers can help. You can expect the injection to start working over the next few days and continue to work for a few months. The effects may not last forever. Some patients report a good effect up to six months after injection, whilst others feel their symptoms return after a few weeks. It varies for each individual and the condition for which the injection has been given.

Do I need to do anything after the injection?

Yes. You should rest as much as possible for 48 hours after the steroid injection, especially from any activities that currently make your pain worse. The area should be kept moving, as long as this is not painful, but should not be subjected to strain for up to 2 weeks as steroid may affect the tissue strength. The dressing /sticking plaster may be removed the following day.

Can I drive after the injection?

As long as you feel safe, there is no reason why you cannot drive home however we strongly advise against driving if you have had an injection in your foot as the injection may contain local anaesthetic. It is **ILLEGAL** to drive with a numb foot induced by medication and **YOU WILL NOT BE INSURED**.

What if the injection does not work?

Repeated injections into the same area can cause changes to the skin and weakness to the surrounding tissues. There are a maximum number of times a joint should be injected. You should feel the benefit of the injection fairly soon, if you don't your physiotherapist, podiatrist or doctor will discuss other treatment and management options with you.

Discharge Advice

If within 48 hours after the injection, you notice the following around the injection site:

- SWELLING
- REDNESS
- WARMTH
- PAIN
- YOU FEEL UNWELL

Please contact Shropshire Orthopaedic Outreach Service 'SOOS' immediately on any of the following:

01691 404055 | 01691 404199
01691 404171 | 01691 404172

Should this be out of hours please contact your GP or Casualty and provide this leaflet with the following information.

affix patient label

Patient Name:

D.O.B:

Address:

GP:

Steroid Type:

Steroid Dose:

Steroid Batch No: Expiry:

Local Anaesthetic Name:

Local Anaesthetic Dose:

Batch No: Expiry:

Injection Site / Diagnosis: