

Image-Guided Injection

This leaflet is designed for patients who have been referred for an image-guided steroid injection by their clinician. Your clinician should have discussed the reasons for the injection with you prior to your referral. If you have any further questions, please speak to a doctor caring for you.

What is an image-guided injection?

It involves injecting a steroid and/or local anaesthetic to ease pain and swelling using imaging to guide the needle. The doctor usually gives these injections into joints, around tendons or bursae (protective cushioning around joints).

Are there any alternatives?

Alternatives to steroid injections may include tablets, physiotherapy or special devices such as splints. These treatments will usually have already been used before a steroid injection is considered. Surgery is also a possibility in some conditions, but this is often reserved for when conservative measures have failed. You may discuss this option with your doctor.

If you are not sure that an injection is right for you, please let us know.

How to prepare for your injection

No special preparation is needed for this procedure and you can eat and drink as normal. You should take all your routine medication as normal unless a medical professional advises otherwise. The area being examined will need to be visible so please wear appropriate, comfortable clothes, for example a vest for shoulder procedures.

Please advise the doctor performing the injection if you are being treated for any medical condition, including diabetes, HIV or psychiatric illness. Also, please inform the doctor if you are feeling unwell prior to the procedure, if you have an infection at the site to be treated, have had recent surgery, if you are pregnant or breastfeeding. If you require a hoist or are wheelchair bound, please contact the number given at the bottom of the leaflet when you receive this appointment.

You should **bring a list of your regular medications** and inform the doctor of any allergies to medications or sticking plasters. Please advise the doctor if you are taking any of the following drugs:

- Warfarin (please ensure that you check your INR within five days of the procedure and bring your updated Yellow Book with you)
- Aspirin
- Clopidogrel

- Any anticoagulant / blood thinners (e.g. aspirin, warfarin, clopidogrel)
- Zyban (Bupropion)
- Antiretroviral drugs
- Mood modifying medication such as antidepressants
- Antidiabetic medication or insulin.
- Antibiotics, antifungals or antivirals.

Who will perform the injection?

The injection will be performed by a radiologist (a doctor who is trained in imaging); either a consultant or a specialist registrar.

Can I bring a friend or relative?

Yes, but it may not be appropriate for them to stay in the room during the examination and / or procedure.

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

The procedure will be explained to you and you will have the opportunity to ask any questions you may have. If your symptoms have changed since you were referred or the radiologist feels that the injection may be unsuitable for you, they will discuss this with you and inform the referring clinician.

What happens during the procedure?

You may be asked to change into a gown or remove some clothing from the affected area. The doctor will then perform a scan over the affected area to determine the site of injection. Your skin will then be cleaned with a sterile solution.

A small needle will be inserted into the area, guided by imaging. The injection usually contains both a local anaesthetic and a steroid but local anaesthetic may be administered first depending on the nature of the procedure or the injection site. The procedure usually lasts 15-30 minutes. A plaster will be placed over the injection site which should be kept clean and dry for 48 hours after which it can be removed or left to fall off.

Will I feel any pain?

Depending on the procedure type you may feel mild to moderate pain. Pain relieving medication in the form of topical spray, creams or injection can be used to minimise pain. If at any time you feel the procedure is too uncomfortable it can be stopped or more pain relieving medication used.

What happens after the procedure?

The anaesthetic may cause you to feel numb and weak for a few hours afterwards and for this reason it is advised that you do not drive for six hours, so please arrange for someone to drive you home.

After the anaesthetic wears off, you may feel increased pain in the area for a couple of days afterwards. This is a common effect of the steroid injection. If this happens you can take painkillers such as paracetamol (please check with your general Practitioner or Pharmacist) or try putting an ice pack on the area.

The steroid usually takes a few days to work but it can take up to a few weeks before you notice an improvement. This usually lasts for a few months, but the effect can occasionally be permanent.

Your doctor may recommend a programme of physiotherapy following the injection as this can improve outcomes in some cases.

The doctor performing the procedure will be happy to discuss your post-procedure care.

Important things to know

Benefits

- The purpose of the injection is to reduce pain and/or inflammation in the area.

Risks

There are risks involved with any procedure and these include:

- A small risk of infection following injections. If you experience redness, swelling, increasing pain around the area injected or a high temperature, especially if it gets worse after 48-72 hours, you should see your own GP or attend A&E and explain that you have recently had an injection.
- Female patients may notice their menstrual cycle is slightly irregular for a few months following a steroid injection.
- Diabetics should closely monitor their blood sugar levels for five days following injection. If you notice some abnormal changes, you should seek the advice of your GP or diabetes specialist.
- Skin depigmentation (lightening of the skin) and a skin dimple due to the injected steroid.
- Steroids can occasionally have an effect on your mood. If you suffer from depression or anxiety, please let the doctor performing the procedure know and report any changes to your GP.

- Tendon injury. Tendons can be prone to tears after steroid injection and strenuous activity should be avoided for two to three weeks after the injection and you should use supports if given.
- Injury to local structures such as muscles, tendons or nerves.
- Bleeding. A small amount of bruising or bleeding is usual and will settle quickly without any treatment.
- Allergic reaction. The medications we give are very unlikely to cause an allergic reaction but if you feel unwell during the procedure please let us know or if afterwards please seek medical attention.
- Facial flushing and headaches following steroid injection. This is more common in women.
- No effect. The injection may have no benefit and the injection effects should be reviewed at a follow up appointment with the referring doctor.
- You may need further injections and typically up to three can be administered in a period of 12 months.
- No effect / benefit from the injection. The original pain can get worse.

PLEASE KEEP THIS LEAFLET IN CASE YOU NEED TO REFER TO IT AFTERWARDS.

What do I need to do after I go home?

After you go home, it is important to rest for the first day at least. The next day, if pain allows, you can return to normal activity. Whilst the treated area is healing please avoid strenuous activities or heavy lifting. If you have a dressing on the wound please keep it dry until the next day before having a shower or bath. If the procedure is on a region that may affect mobility or activities of daily living you may need to arrange additional support / help at home.

If you feel unwell or the wound is red, hot, swollen or discharging or you are in severe pain please attend your local Emergency Department for assessment as you may require further treatment.

Will I have a follow-up appointment?

If already planned with your referring doctor you may have a follow-up appointment with them. A follow-up appointment with Radiology is usually not necessary unless previously informed by your referring doctor.

Contact us

If you have any questions or concerns about your image guided injection or if you are unable to attend or running late, please contact us: **Tel: 020 8725 1776**

Please note, if you are late for your appointment it may not be possible to scan you and your appointment may need to be rebooked.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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