

Corticosteroid Injections

This leaflet will answer some of the questions you may have about corticosteroid injections. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please speak to the medical professional caring for you.

This sheet does not list all the uses and side effects of the medicines we use – please see the manufacturer’s patient information leaflet that comes with the medicine or at the following web address:

www.medicines.org.uk/emc/files/pil.1081.pdf for further information.

What is a corticosteroid injection?

A corticosteroid (or ‘cortisone’) is an anti-inflammatory medicine which can be injected directly into joints or the muscles and around tendons or ligaments 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 performance enhancing steroids used by body builders or athletes.

What are the benefits – why should you have a corticosteroid injection?

The injection can help to relieve swelling, pain and stiffness caused by inflammation. This may help you to begin 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 what is responsible for your pain. You may

also have a local anaesthetic injected at the same time, which gives temporary pain relief.

What are the risks?

The possible side effects of the injection are rare and include:

- Flushing of the face for a few hours.
- Small area of fat loss or change in skin colour around the injection site.
- A temporary increase in pain 24 to 48 hours after the injection. If you experience increased pain for a longer period, then please contact us for advice.
- Patients with diabetes may notice a temporary increase in blood sugar levels. If you have diabetes, you are advised to check your blood sugar levels for three days post-injection.
- Temporary bruising or bleeding in the injected area, especially if you are taking antiplatelet medicines (such as aspirin or clopidogrel) or anticoagulant medicines (such as warfarin or rivaroxaban). Please advise the team if you are taking any blood thinning medicines.
- Increased susceptibility to infection: If the area becomes hot, swollen and painful for more than 24 hours or if you feel generally unwell, you should contact your physiotherapist or doctor immediately. If they are unavailable, you should seek advice from your GP or Emergency Department (A&E).
- Theoretical increased susceptibility to contracting, have a worsening or prolonged experience or increased complications with coronavirus. Please see page 4 of this leaflet for further details.
- Slight vaginal bleeding / menstrual irregularities.
- Allergic reaction to the drug. This will usually happen immediately so you will be asked to wait for a short time after

your injection to check for any reactions. If you have any signs of an allergic reaction after you have left the hospital, then please seek medical advice.

- Tell your medical professional if you are taking any other medications (including any you have bought without a prescription). Before the injection we will ensure that this is the most appropriate treatment.

You should not have the injection performed if you:

- Have an infection in the joint or surrounding tissues to be injected or a significant infection anywhere else in your body
- Are allergic to local anaesthetic or steroids
- Were recently vaccinated with live vaccines
- Feel unwell
- Are due to have surgery in that area soon
- Are pregnant or breastfeeding
- Have poorly controlled diabetes
- Do not want the injection.

Are there any other alternatives?

Alternatives to the injection include lifestyle changes, use of anti-inflammatory medicines, physiotherapy and podiatry exercise. Sometimes, a surgical opinion may be helpful. If you would like more information about these alternatives, please discuss this with the person administering the injection or contact them from the details provided in the contact section of this leaflet.

What happens during the injection?

The benefits and risks of the injection will be explained to you in detail. You will then be placed in a comfortable position. The skin is cleaned with antiseptic. A needle is gently positioned into the affected area and the solution is injected through the needle.

A plaster will be placed over the site to keep it clean. A few minutes after the injection you will be examined again.

Will you feel any pain?

The injection is not particularly painful as the medical professional is thoroughly trained in this procedure. Sometimes it can be sore for a few hours after the procedure. It is safe for you to continue to take prescribed analgesia (pain killers) during this period.

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 (similar to when you visit the dentist). 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, if you follow the advice given to you after the injection.

What you need to do after you 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 maximise the benefit given by the injection. You may also be shown some exercises to do while you are in the clinic or referred for physiotherapy or podiatry treatment.

If you are having other medical treatment within six weeks, you should tell the treating clinician that you have received a corticosteroid injection.

Will I have a follow-up appointment?

You may be asked to attend a follow-up appointment a few weeks after your injection to check your progress. Sometimes, more than one injection is needed and this can be discussed at this appointment.

Coronavirus (COVID-19) and steroid injections

You may be concerned about coronavirus. We are still learning about this new disease and the way it affects patients who are given some of our drugs. Currently there is limited information using of steroid injections during the coronavirus pandemic. There is a theoretical risk of a steroid injection making a patient more vulnerable to getting it, having it longer and / or experiencing increased complications.

Theoretical means that this could be possible but hasn't been scientifically proven. Therefore, we will only use steroid injections when considered necessary by your clinician and when other safer options have been tried. We understand that you may be in considerable pain and discomfort. If this is the case, the potential benefits of a steroid injection may outweigh the potential risks. If you are at higher risk than others, we may suggest delaying the procedure or taking extra precautions, such as self-isolation on a case by case basis. There is a checklist attached to this leaflet which should be completed prior to your appointment that will help us assess this. Any risk factors will be reviewed by the clinician performing the injection who will check that it is safe to proceed with an injection. After this you may be advised to self-isolate before and / or after the injection if you have other medical conditions.

You should not attend if you develop or experience a high fever (more than 37.8C), a persistent cough or loss of taste or smell. You should not attend if you have had recent close contact with a known

positive case of coronavirus. If you are worried about having your injection during the pandemic, please contact your referrer. They can discuss options about a new referral once this period is over or if you reconsider your decision to not have the injection during this period.

Coronavirus vaccine and steroid injections

The coronavirus vaccine consists of two doses, that can be given 3 to 4 months apart. There is a theoretical risk that steroids might reduce the immune response that is stimulated by vaccines, which means the amount of protection might be reduced. We advise you not to have a steroid injection on the same day as a dose of the coronavirus vaccine and you should avoid having a steroid injection for at least two weeks after a dose of the vaccine.

If you are planning on having the vaccine, we advise not to delay being vaccinated while you are waiting for a steroid injection. When you are booking an appointment, please tell the staff if you are planning to have or have already had, the vaccine. We will schedule the steroid injection to accommodate your vaccine date if necessary.

Useful sources of information

Versus Arthritis [Versus Arthritis | A future free from arthritis](#)

Tel. 0800 5200 520

National institute for Health and Care Excellence (NICE)

[Corticosteroids, general use | Treatment summaries | BNF | NICE](#)

Contact us

If you have any questions or concerns about corticosteroid injections, please contact a member of the physiotherapy team on 020 8725 1422 (Monday to Friday, 8.30am to 5pm). Out of hours, please contact MSKPhysioEnquiries@stgeorges.nhs.uk

For the Podiatry team, please contact either:

Ian.Beech@stgeorges.nhs.uk or Jackie.Hawsley@stgeorges.nhs.uk

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 advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

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 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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