

Corticosteroid Injection Therapy in the Foot/Ankle

Department of Podiatric Surgery

This leaflet aims to answer your questions about receiving a corticosteroid injection to treat your foot or ankle pain. If you have any questions or concerns, please speak to the clinician who is caring for you.

What are corticosteroid (steroid) injections?

A corticosteroid (or 'cortisone') is an anti-inflammatory medicine which can be injected directly into the affected 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.

Steroid injections into a joint or soft tissue are often recommended for people with rheumatoid arthritis and other types of inflammatory arthritis. They may also be recommended for osteoarthritis (a 'wear and tear' condition) if your joints are very painful. Severe pain experienced when a nerve in the foot becomes irritated and thickened (i.e. Morton's neuroma) can also be reduced by steroid injections. They are also used for plantar fasciitis, scars and soft tissue growths. The injection works by reducing inflammation and pain.

Are corticosteroid injections a licensed medicine?

Yes, corticosteroid injections are licensed medicines and recommended by NICE guidelines for the treatment of painful joints and soft tissues.

Who will do the local steroid injection?

A podiatrist specially trained in podiatric surgery will administer the injection after you have given your verbal consent.

How do I receive the injection/medicine?

The area to be injected will be cleaned with a sterile wipe. A needle will then be positioned gently into the affected area and the steroid solution will be injected through the needle.

Occasionally the steroid may be ready mixed with a local anaesthetic. During the injection you may have a sensation of stinging, pressure and slight discomfort for a very short while. After the injection, the site will be covered with a small dressing, usually a plaster. The dressing protects the area from infection and needs to stay on your skin for 24 hours.

During that period the dressing should remain clean and dry.

What should I expect afterwards?

You may be asked to rest for up to 30 minutes after the injection before you go home. You should have someone to drive you back home. You should try to rest for the first 12 to 24 hours after the injection and avoid any activities that normally make your symptoms worse. This reduces the chance of a post-injection flare and will enable the steroid to work.

Local anaesthetic and steroid injections are usually very well tolerated and you can go back to work the next day. You may have a sensation of numbness in the treated area immediately after the injection which may last for up to two hours. You may be sore at the site of injection for up to 48 hours and you should take your usual painkillers or anti-inflammatory tablets as advised by your doctor.

You should refrain from strenuous work and extreme heat (like that in a sauna or steam room) for 48 hours. A general principle is to move the joint injected as normal but do not lift or push heavy objects after the injection.

How quickly will the local steroid injection work?

This varies between 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.

How long will the effects last?

Your steroid injection is part of your treatment plan which aims to break your pain cycle. The effects vary from person to person. The less soluble steroids may take around a week to become effective but improvements can last for weeks or months and in some cases longer or permanently. However, there is no guarantee that the injection will work for you.

If you have had previous injections and they have not lasted, then your condition will be reassessed and a new treatment plan will be decided with your clinician.

Are there any side effects?

What are the risks and possible side-effects?

Common side-effects include:

- **Soreness/bruising** at the site of injection. This can occur 4 to 12 hours after the injection but normally wears off in less than 72 hours.
- **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 (depigmentation)** around the site of injection particularly in those with darker skin. This may be permanent.
- **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
- **Mood changes** – this is a side effect more frequently associated with prolonged courses of steroids. You should report any mood changes to your doctor.
- **If you have diabetes** your blood sugar level may go up for a few days
- **If you have high blood pressure** your blood pressure may go up for a few days
- **An infection** causing redness, swelling and pain. In this case, get medical advice as soon as possible if you have these symptoms.

Is there anything else I need to know?

- Ensure you inform your clinician of any medications you are taking, including when any changes are made to your medicines. This includes any regular prescriptions and any medications you buy (including alternative or herbal remedies).
- Current guidelines state that steroids are not harmful for fertility or during pregnancy or breastfeeding however, you should discuss with your clinician before having a local steroid injection.

Useful sources of information

<https://www.nhs.uk/conditions/steroid-injections/>

<https://www.versusarthritis.org/about-arthritis/treatments/drugs/steroid-injections/>

Contact us

If you have any questions or concerns about corticosteroid injection therapy, please contact the podiatric surgery department on 020 8487 6038 (Monday to Friday, 8.30am to 4pm) or the hospital's medicines information helpline on 020 8725 1033.

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 wings.

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

NHS UK

The NHS 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.



Reference: POD_CSI_03 Published: October 2024 Review date: October 2026
--