

Intralesional steroid injection, treatment for keloid scars in adults

This leaflet provides information on intralesional steroid injection treatment for keloid scars in adults. If you have any further questions, please speak to the plastic surgery consultant or nurse caring for you.

What is an intralesional steroid injection?

Keloid scars are abnormal scars that become raised and hard. They do not reduce in size and often start to increase in size. Your plastic surgery consultant wants you to have a course of intralesional steroid injections into your keloid scar. By having a course of steroid injections into the scar, it is possible to prevent it from growing further, to reduce the size of the scar and soften the scar. The treatment may be provided:

1. Prior to further intervention such as surgery or
2. To be adopted as the primary treatment for the scar(s).

Your consultant will have explained the approach they plan to take during your outpatient appointment.

The steroids commonly used for the treatment are triamcinolone acetonide, methylprednisolone or dexamethasone. The steroid of choice is injected directly into the top layers of the scar. These drugs are corticosteroid medicines, referred to as steroids. This is an anti-inflammatory medicine. Once injected into your keloid scar, their action can suppress inflammation and reduce blood supply that feeds the scar.

Why should I have intralesional steroid injection treatment for my keloid scar?

The possible benefits of intralesional steroid injections include:

- Flattening & softening the scar.
- Reduction in symptoms such as pain & itching.
- Preventing further growth of the keloid scar.

What are the risks?

Possible risks during the treatment and soon afterwards include:

- Pain

- Infection
- Bleeding
- Allergic reaction
- Skin breakdown and ulceration.
- No symptom relief.

Longer-term side effects after intralesional steroid injections can include:

- Telangiectasia - spidery like blood vessels in the skin.
- Atrophy – Thinning of the skin or indentation of the scar.
- Hypopigmentation – lighter patches of skin colour.
- Hyperpigmentation – darker patches of skin colour.
- Hair growth in the injection site.
- Adrenal suppression or Cushing's syndrome - a rare condition caused by having too much of a hormone called cortisol in your body. Although possible, it is not common to develop this with intralesional injections. It is more likely to occur in people taking high doses of steroid medicines for a long time. You will be provided with a Steroid Card that will include details of your steroid injections. You should keep this with you and share with any healthcare professional should you required medical intervention during the period you are having these intralesional injections.

Additional information about potential side effects can be found in the product information leaflet or online via the Electronic Medicines Compendium. Link included below.

Are there any alternatives?

The more invasive options that may improve the scar include surgical excision, radiotherapy, laser therapy and cryotherapy. Options available to you should have been discussed during your outpatient appointment. Non-invasive options include psychological counselling, cosmetic skin camouflage, topical steroid cream, silicone strips and gel.

Asking for your consent

It is important that you feel involved in decisions about your care. You will be asked to give your consent 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.

What happens during the treatment?

1. The procedure is carried out in clinic. You will be wide awake.
2. The skin thickness, signs of local complications and suitability for an intralesional steroid injection will be assessed at each session.

3. Although no local anaesthetic is used prior to the procedure, the nurse can provide a cold spray (ethyl chloride) directly before the injection to reduce sensation in the scar. Patient feedback is variable on whether this reduces the pain or not during the injection. The sensations/pain experienced are very individual. Patient can obtain and apply a cream that is a local anaesthetic prior to attending the appointment – please see section of “How can I prepare for treatment?”
4. You will be positioned in a chair or on a couch depending on where the scar is and how the nurse/doctor plans to give the injection.
5. Your keloid scar will be prepared using an alcohol skin wipe.
6. Your nurse/doctor will inject the steroid into your keloid scar/s.

The amount used will depend on:

- The size of scar/s.
 - How easy it is to inject the steroid into the scar and its response to the injection.
 - How you tolerate the procedure
7. A small plaster dressing will be applied after the injection.

Will I feel any pain?

The intralesional steroid injections can be painful when administered and for some hours afterwards. Some patients cannot tolerate the discomfort so decide to stop having the injection. After the first injection, if the scar softens, the injections may or may not be less painful.

The nurse can provide a cold spray (ethyl chloride) directly before the injection to reduce sensation in the scar. Patient feedback is variable on whether this reduces the pain or not during the injection. The sensations/pain experienced are very individual.

Patients can obtain and apply a cream that is a local anaesthetic prior to attending the appointment – please see next section of “How can I prepare for treatment?”

How can I prepare for the treatment?

You must tell the nurse / doctor about any medications you take to exclude the possibility of them interacting with the steroid.

Please attempt the following to help to relieve some of the pain:

- Take simple pain relief such as paracetamol prior to your appointment with us.
- The nurse can provide a cold spray (ethyl chloride) directly before the injection to reduce sensation in the scar. However, patient feedback is variable on whether this reduces the pain or not during the injection. The sensations/pain experienced are very individual.

- You can buy a topical local anaesthetic from your pharmacy and apply this to the scar(s) one hour prior to the treatment, this may help reduce the pain during injection. EMLA 5% (eutectic mixture of local anaesthetics) contains lidocaine and prilocaine creams. It can be applied directly to the scar itself to numb the area. This is not available in the clinic at the time of the injection. For the best effect it needs to be applied an hour prior to the treatment.

What happens after?

You can remove any plaster that was applied after 24 hours.

You should monitor the area for any signs of infection such as redness, swelling, heat or pain. It is not a common complication but if it does occur it can usually be treated successfully with antibiotics. Please contact your GP immediately if you notice any of the above signs. Out of hours you should attend the Emergency Department (ED) or an Urgent Care Centre. If possible, please come back to St George's ED. **Do not delay** getting medical attention, as an infection can become life threatening if left untreated.

Local complications outlined above such as telangiectasia, atrophy, hypopigmentation, hyperpigmentation and hair growth at the injection site are self-limiting and do not warrant review. However, if you have any concerns, please contact the team as outlined below.

You can choose to cancel steroid injections at any time.

If the treatment has been specifically requested by the consultant in preparation for surgery, it is important to undergo at least 3 treatments. The effect on the scar is cumulative and not dependent on a one-off injection. If you cannot tolerate the steroid injections, this must be discussed with the nurse giving the injections. A follow up appointment will be arranged with the consultant after at least 3 treatments. It is possible that the consultant will not undertake any surgery unless you have undergone a trial of steroid injections. This varies between individuals and consultants.

If you have any questions or concerns you can contact one of the plastic surgery team, details below.

Will I have a follow-up appointment?

You will require a series of injections to see the benefits from this treatment. The interval of injections is usually every 6-8 weeks. Treatment is planned with specific reference to the response of the scar to the injections, the symptoms you have and your decision to continue the treatment.

If the treatment has been planned in preparation for surgery, a follow up appointment with your named consultant will be made after the treatments are complete.

If you do not attend an appointment without notification, you will be discharged from the service. This includes patients that have been advised to have a course of injections prior to surgery.

Useful sources of information

[British Association of Dermatologists \(bad.org.uk\)](http://bad.org.uk)

[Keloid scars - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[27238_CE\(EK\)_F\(RK\)_PF1\(RU_PG\)_PFA\(PG_RK\).pdf](#)

[Cushing's syndrome - NHS](#)

[Home - electronic medicines compendium \(emc\)](#)

Contact us

If you have any questions or concerns about your treatment, please contact:

- The lead clinical nurse in plastic surgery via 0208 672 1255 Bleep 6332 (Monday-Tuesday 09.00-17.00).
- Plastic Surgery Nursing Team on 020 8725 0473 (Monday to Friday, 9am to 5pm) and leave a voicemail - responses can take up to 48-72 hours and only occur within office hours.
- Email: plasticdressing.clinic@stgeorges.nhs.uk
- If your query or concern is urgent, please do not leave a message but contact the on-call plastic surgery SHO via the hospital switchboard as above on 020 8672 1255.
- If you are unable to contact the above and need immediate advice, please call 111.

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.



Reference: PLS_ISI_01 Published: May 2026 Review date: May 2028

