



London Sports Physiotherapy
Oru Space
7 Throwley Way
Sutton
SM1 4AF

0203 092 5464

www.londonsportsphysio.com
hello@londonsportsphysio.com

INJECTION THERAPY

Steroid and Local Anaesthetic Injections Client Information Leaflet

Injection therapy is a treatment used for certain joint or soft tissue conditions, to reduce inflammation and pain e.g. frozen shoulder or thumb arthritis. Injections are most often used to provide a window of opportunity to engage in exercise and rehabilitation.

Which medications are used in injection therapy?

Steroids and/or Local Anaesthetic

Steroids are powerful drugs that act locally to decrease pain/inflammation in the area into which it is injected. Some steroids occur naturally in the human body and man-made steroids act like these to reduce inflammation. Local steroid injections and/or local anaesthetic can give rapid and effective reduction in pain and inflammation, however improvements are usually temporary.

What are the benefits of injection therapy?

A steroid injection will usually decrease pain in the affected area allowing increased movement and improved function. However there are no guarantees on the overall outcome.

What happens when I have a local steroid injection?

The clinician who will be performing your injection will choose the most appropriate medicines and dose for your condition and symptoms. They will usually inject directly into the area that is inflamed or where the pain is felt, such as into the joint or around the soft tissue.

Will it hurt?

They can be a bit uncomfortable at the time of injection, but many people find that they are not as bad as feared. In most cases your clinician will use a freeze spray to numb the area slightly before injecting.

What happens after the injection?

If you have local anaesthetic, your pain will be relieved within minutes but may wear off after an hour or two. The steroid does not start to work until 24-48 hours after the injection, and has its most beneficial effects within the first week. However, it continues to work for up to 6 weeks after the injection.

After the injection you will need to sit in the waiting-area for approximately 10 minutes.

Avoid any known aggravating activity. Relative rest including avoiding strenuous exercise, impact and loading is advised for between 5 days to 3 weeks, depending on the area injected. Your clinician will give you more specific information regarding this.

Use an ice pack over the area if it is painful in the next 1-2 days. E.g. use a bag of frozen peas wrapped in a damp tea towel to avoid ice burns, moulded over the affected area. Leave on for no more than 15 minutes up to 3 times a day.

Use painkillers or anti-inflammatory tablets if needed.

You are normally safe to drive and return to work after the injection, on rare occasions some people may feel faint.

Can I take other medicines along with the steroid injection?

It is important to tell the clinician performing the injection if you are taking any medications, including antibiotics, steroid eye drops and blood thinning drugs such as Warfarin. You can generally take other medicines with local steroid injections, however, treatment for certain conditions such as diabetes, cancer or HIV may require your clinician to first check with your GP or consultant. If you are on antibiotic therapy, it may not be possible to proceed with injection therapy.

What are the possible risks and side effects?

Most people have steroid injections without any side effects; however there are a few potential side effects to having a steroid injection.

Serious side effects/risks are rare:

Allergy – very few patients are allergic to local anaesthetic, and this is why we ask you to stay in the clinic for 20 minutes after the injection. If during that time you feel unwell or develop difficulty in breathing inform staff immediately. If this happens once you have left the clinic, go to your nearest A&E department.

Infection – this is rare but occurs mainly after joint, rather than soft-tissue, injection. If you feel generally unwell, are running a fever and the joint involved becomes very hot, red, swollen, and painful which is not settling with the rest, ice and painkillers suggested, seek our immediate advice, or contact your GP, walk-in centre, or local A&E Department. These may be signs of infection.

Visual / eye problems – if you experience vision problems or disturbances after the injection, e.g. blurred or distorted vision, or sensitivity to light, report this immediately. There are many potential causes but has also been linked with steroids.

The most common, but less serious side effects are:

Facial flushing – your face may go pink for a few days. This can be normal and usually gets better by itself.

Post-injection flare – there may be a flare up of pain approximately 24-48 hours after injection.

Risk of tendon rupture - this depends on the injection site. Your clinician will discuss specific risks with you.

Risk to joint health - Very rarely, significant joint damage or destruction can occur although usually associated with overly frequent high dose injections.

Skin and surrounding tissue changes:

- **Discolouration** (depigmentation) – this can happen around the injection site, especially in thin, dark-skinned ladies. It is just cosmetic and can, but not necessarily, get better with time
- **Local subcutaneous fat atrophy**- in rare cases a steroid injection into muscles or joints can cause an indentation in the skin around the area. This is usually temporary and disappears within a few months
- **Bruising around the injection site**

Other side effects:

Menstrual irregularities - women may have some changes in their normal cycle after an injection. If it lasts longer than one cycle, you should see your doctor.

Dizziness and/or fainting - if you have a history of fainting please inform your clinician

Specific Patient Groups:

Diabetic patients – your sugar levels may be difficult to regulate for up to a week after injection. If it continues for longer seek advice from your GP or practice nurse. Therefore it is important that you be vigilant of your blood sugars for around a week or two after the injection. For safety reasons your clinician may delay your injection if you have unstable blood pressure or unstable blood sugars due to diabetes prior to the injection.

High blood pressure - blood pressure levels can be altered after steroid injections, particularly if you have a history of blood pressure problems.

Pregnancy and breastfeeding - specific consent from your GP may be required if you are pregnant. This will be discussed on a case-by-case basis. Further information around injections if you are breastfeeding can be found in the Breastfeeding Network leaflet.

Will I need another injection?

If you find the injection helpful, and other treatments are unsuitable, the injection may be repeated.

Where can I obtain further information?

You can discuss any concerns or queries with your clinician.

You can also go to:

www.versusarthritis.org/media/23676/steroid-injections-information-booklet-june2021.pdf