020 7788 7000
puresportsmed.com

Patient Information: Corticosteroid Injections FAQs

Overview

Corticosteroid injections are commonly used to treat joint and soft tissue problems by reducing pain and inflammation.

If your consultant has recommended a corticosteroid injection as part of your treatment plan, but you would like to learn more about this treatment before considering whether to proceed with it, this document contains our most frequently asked questions and detailed answers to help you make an informed decision.

Please note, the answers below are generalised and may not apply to your particular situation. If uncertain, please speak directly with your consultant.

FAQs

Q1: What are corticosteroids?

Corticosteroids are a class of medications related to cortisone, a naturally occurring hormone produced by your adrenal glands. (These are NOT the same as Anabolic steroids which are banned substances in elite sport.)

Q2: How do steroid injections work?

Corticosteroids work to reduce inflammation (heat, redness, swelling, & pain) in and around the joint. They are not a cure. If successful, you should feel less pain, swelling, stiffness and warmth and hopefully will be able to function a little easier.

Q3: Where are steroids injected?

They are injected either directly into the joints (intra-articular), tendon sheath (peri-tendinous) or around the joints (peri-articular).

Q4: How is the injection delivered?

Ultrasound is often used to accurately guide the needle to the intended area. This is known as an 'ultrasound-guided injection' or USGI. Not all injections need to be ultrasound-guided, some may be landmark-guided instead (typically intramuscular injections).

Q5: Why are steroids injected locally?
The goal is to deliver the medication directly to where it is needed and reduce inflammation in or around a single joint.

Q6: What types of steroids are available for injection?
There are a several varieties of steroids available for injection (e.g., Depomedrone / Kenalog / Hydrocortisone / Dexamethasone). There is little evidence to suggest that one type of steroid is significantly better than another. Most doctors use the type of steroid medication they are familiar with. The dosage given varies and is dependent upon the body part/s being treated.

Q7: What conditions can benefit from steroid injections?
Localised steroid injections are useful for different types of arthritis and musculoskeletal conditions such as bursitis, synovitis, and tendon nodules.

Q8: Who should NOT receive these injections?
Contraindications can include a previous allergic reaction to a corticosteroid or local anaesthetic, those with an infection in or around the joint and patients known to have certain systemic conditions (e.g., HIV).

Q9: How are these injections given?
A steroid injection into or around a joint or tendon sheath is much like an injection into the arm. Local anaesthetic (LA) is often given before the injection or mixed directly with the steroid and injected into the joint to give immediate pain relief. If there is a lot of fluid in the area, some of this may be removed first to maximise the likelihood of the injection working- this is known as ‘aspiration of fluid’.

Q10: Does the injection hurt?
In the hands of an experienced doctor, the injections are relatively comfortable and similar in sensation to a routine blood test or injection into the muscle in the arm.

Q11: What should I feel after an injection?
If local anaesthetic was injected with the steroid, your pain may be improved over the few hours after the injection. Otherwise, it is normal to feel a transient increase in discomfort in the joint that should resolve within 24 hours. You can treat this discomfort by applying a cold pack such as a gel pack, bag of frozen vegetables, or crushed ice in a bag for up to 20 minutes at a time or by using medications such as Ibuprofen or Paracetamol.

Q12: How long does it take for the injection to work?
Most injections typically take 1-2 weeks to take full effect. If local anaesthetic was given with the steroid injection, you may feel improvement relatively quickly.

Q13: How long will the improvement last?
The duration of improvement varies- some patients report months of relief (or longer), whereas others experience only a few days of relief.

Q14: If the 1st injection doesn't work, can I try a 2nd injection?
Most patients, if they are going to respond, will have some response after the first injection. Patients who have gained no symptom relief or functional benefit from 2 injections should probably not continue with repeat injections, as the likelihood of improvement is small.

Q15: How often can I have repeat injections?
This is an area of ongoing discussion among the medical community- Some studies have shown that too many injections may weaken tendons, ligaments, and accelerate the loss of cartilage but other scientific studies have found that injections can slow joint damage and help preserve the joint. As a general rule, a reasonable approach is to limit procedures to a maximum of 3 injections per year for each affected joint.

Q16: What should I do after an injection?
If possible, it is best to rest the joint completely for 2 days ('Complete rest'), and then avoid very strenuous activity on the joint such as heavy lifting for up to 2 weeks ('Relative rest'). Scientific studies have shown this may improve the effect of the injection. It is advisable to stay around for 10-20 minutes after the injection to ensure there are no immediate side-effects (see below). This is purely as a precautionary measure.

Q17: What are the possible side-effects of an injection?
Most joint injections result in no side-effects. Side-effects that occur rarely can include: injury to the joint or tendon, loss of the fat layer below the skin (lipoatrophy), loss of skin pigmentation (vitiligo), calcification around the joint, allergic reaction to the constituents in the injection and joint infection.

The joint may flare up transiently after an injection. Systemic effects may occur due to absorption of some of the steroid from the joint. In women, this can cause vaginal spotting, but this is usually transient and no cause for concern. Some people may experience a vasovagal episode after an injection and feel faint. Some patients may experience no improvement to their symptoms after the injection (lack of success).

Q18: When should I call my doctor or seek medical attention?
If the injected joint becomes very painful, red, or swollen, seek medical attention immediately as the joint may be infected. As previously explained, one of the very rare (1 in 5,000- 20,000) risks of a joint injection is infection. However, the most common cause of these symptoms is a reaction to the injected steroid ('steroid flare') that occurs in 2% to 5% of patients. This usually begins 6-12 hours after the

injection and may last for 2-3 days. Regardless of the cause, if there are concerns, it is important to discuss this with a medical professional.

Q19: Do I need to take any special precautions with regards to Covid-19?

During the Covid-19 pandemic, doctors were advised to only administer corticosteroid injections if it was felt to be clinically indicated; to ensure a minimum period of 14 days between having a Covid vaccination and corticosteroid injection and to avoid these injections in patients who have active symptoms of Covid-19.

Q20: Do I need to take any special precautions in general before having a corticosteroid injection?

It is important to have something substantial to eat and drink an hour or so **before** having these injections to minimise the likelihood of feeling 'lightheaded' or fainting after an injection.