

Injection Therapy

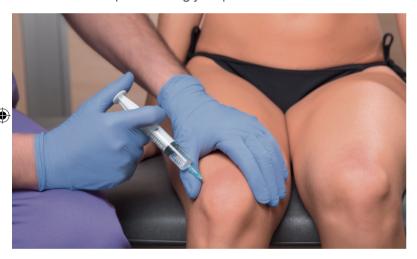
Patient information

What is a corticosteroid?

A medicine which can relieve swelling, stiffness and pain by reducing inflammation.

Why should I choose to have a Cortico Steroid injection?

You have been offered an injection and/or local anaesthetic into your joint (intra-articular) or near your joint (peri-articular) or soft tissues. These injections can help with pain relief when tissues are inflamed painful or swollen or may be used to help with diagnosis. This may help you start your rehabilitation sooner, have fewer treatment sessions and return to normal activities more quickly. This may also help with sleep in reducing your pain.



How does it work?

The anaesthetic temporarily numbs the area. The steroid has an anti-inflammatory effect. You may experience some early symptom relief due to the anaesthetic, for up to 8 hours. The slow release steroid takes approximately 2-4 weeks to take full effect and may last for months or longer. In some cases no symptom relief is achieved.

Is the injection painful?

There may be some pain during the injection, if it occurs, it subsides quickly. Most injections are relatively painless.

Is this the same drug that athletes and bodybuilders use?

No. Those are anabolic steroids. The steroids we use are different and are extremely safe.

Can I have an injection as I participate in high level sport?

Cortico-steroids are banned in some sports and are subject to drug testing by World Anti Doping Agency, you will first have to seek a Therapeutic Use Exemption (TUE) from your sporting governing body. This will require supporting documents from your team physician.

Why don't I just take anti-inflammatory pills?

You can, but these injections act locally targeting your specific problem. It also avoids any potential side effects of oral anti-inflammatory medication, such as gastro intestinal problems.

Are there any times I should not have an injection?

Yes, if you:

- Have any infection on your skin or anywhere else in your body
- Are allergic to local anaesthetic or steroid
- Feeling unwell and taking antibiotics
- Are due to have surgery at the area soon
- Are pregnant
- Are under 18
- Do not want the injection
- If you have already had three injections without improvement

What are the possible side effects?

The risk of possible side effects is minimised by your clinician undertaking a full assessment, as well as taking into account any existing medical conditions or allergies you have.



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The following are possible side effects which are rare, while others although rare can be life threatening:

- Post injection flare (reported incidence of 8%), with temporary pain around injection site. 24-48 post injection.
- Flushing of the face (redness) for up to 48 hours.
- Small area of fat loss or a change in colour of the skin around the injection site.
- Slight vaginal bleeding (menstrual irregularity).
- Diabetic patients may notice a temporary increase in blood sugar levels. If these do not settle back to your normal levels contact your

GP for advice.

- You may experience bleeding or bruising around the injection site which can be exacerbated if you are taking blood thinning agents, it is best to discuss this with your therapist if this is the case.
- Infection: if the area becomes painful, swollen, red, weeping or hot around the injection site or you develop a temperature you should contact your GP or local hospital. Infection is rare (approximately 1 in 17,000 – 70,000). Your clinician minimises this risk by using a "non touch technique".
- Patients who take medications for inflammatory conditions such as Rheumatoid Arthritis, should be aware that it can cause up to a 50% reduction in inflammatory values used to monitor the effects of this medication. This can be discussed with your GP or Consultant.

What happens if I decide to have the injection?

You will be offered an appointment with an injection therapist/physician at one of our Nuffield sites. The clinician will explain the process including the risks, gain your consent and answer any questions you may have. You can withdraw your consent at any time and change your decision.

What should I do if I experience any side effects?

In this unlikely event you should:

- If this happens whilst you are in the department inform your physiotherapist immediately.
- If you have left the department phone either your physiotherapist or GP to discuss your concerns and arrange a review if required.
- If you are concerned during the silent hours contact NHS direct or your local Emergency Department.

What should I do if I get pain post injection?

You should take simple pain relief medications such as paracetamol or a non-streroidal medication like ibuprofen if your condition allows. You can contact your local pharmacist who will be able to offer advice.

How is the injection done?

The skin is cleaned with antiseptic. A needle is gently inserted into the affected part and the solution is injected through the needle. Shortly after, you will be examined again.

Can I drive after the injection?

You are usually fine to drive within 30 min post injection, however some individuals can feel light headed afterwards, if you have concerns consider bringing a driver or elect to go by public transport.

How many injections can I have?

This depends on the part of the body involved and will be decided by your physiotherapist and yourself. Usually one injection is sufficient but if the pain is severe or has been there for a long time, you may need more. As a guide no more than 3 injections are usually given within a year.

What should I do after the injection?

You and your physiotherapist will discuss a treatment plan for you as the injection represents only a part of the solution to your complaint. This may involve a period of relative rest and/or reduced weight bearing.

When will I have to be seen again?

Your injection therapist will contact you again for a telephone review in approx. 28 days to review the effect of the injection. You will need a period of "relative rest" for around 48 hours after the injection. Your treatment plan will be reviewed at this point and if it is appropriate you will recommence physiotherapy treatment.

Important Information:

Clinician Name	
Telephone	
Clinician Email	
You have been injected with:	
Injection Site	
Injection Date	
Signature of clinician	

www.arthritisresearchuk.org www.shoulderdoc.co.uk

Saunders S and Longworth S (2006). Injection Techniques in Orthoppaedic Medicine (3rd Ed) Churchill Livingstone, Edinburgh.

