

Ultrasound-guided steroid injection

Patient information factsheet

What is a corticosteroid injection?

- Corticosteroids (or steroids) are a type of medicine that reduce inflammation.
- They are used to treat different conditions such as arthritis, tendonitis and bursitis.
- They relieve pain, swelling and stiffness.
- They are usually offered after other treatments have been tried, like taking anti-inflammatory medicine (Ibuprofen or similar), physiotherapy and activity changes.

Who gives the injection?

- Your injection will be given by a trained healthcare professional using ultrasound to guide the injection. This could be a Consultant Radiologist, Sonographer, or Specialist Physiotherapist.

How is the injection given?

- The clinician will explain the procedure to you. They will ask for your permission to go ahead and give you the injection.
- They will perform an ultrasound scan of the area. This will help guide the injection.
- You will usually get an injection with a steroid and a local anaesthetic.
- The local anaesthetic numbs the area and can give quick pain relief.
- A plaster or dressing will be applied, which can be removed after 24 hours.
- The whole process usually takes less than 20 minutes.
- The clinician will look at the ultrasound scan results. They may decide not to do the injection, or to inject only one side instead of both.
- Your referral is for an examination with an injection **only if** the ultrasound scan results show that it's the right thing to do.

How effective will the injection be and how long will it last?

- Most people feel some relief after a steroid injection. This may be full relief or just a small improvement.
- A small number of people do not feel any improvement.

- Improved symptoms can last from a few weeks to many months.
- Sometimes the steroid injection will be prescribed by your Doctor alongside Physiotherapy or specific exercises.
- These can help to reduce the need for repeat injections in the future.

How often can I have a steroid injection?

- It is usually not advised to have more than three injections in one year.
- More injections may work less well and increase the risk of side effects.

What are the risks or possible side effects?

Most people cope well with steroid injections, but some side effects can happen:

- Temporary increase in pain at the injection site for 24 to 48 hours (this is called a steroid flare)
- Numbness or weakness due to local anaesthetic
- Bruising or a little bleeding
- A red face for a few hours
- Skin discoloration or a dimple (a small dip or hollow in the skin) developing due to fat loss in the area
- Temporary irregular menstrual cycle
- Temporary rise in blood sugar levels (especially in diabetics)
- Infection
- Allergic reaction
- Tendon or tissue damage (this is minimised by using ultrasound guidance)
- **For injections into the greater trochanteric bursa (an area near your hip bone):**
 - In rare cases the local anaesthetic may spread to the sciatic nerve.
 - This can cause short-term numbness or weakness in the leg and you may find it difficult to walk.
 - We advise that you get a lift or a taxi home, and someone goes with you if possible.

What if I suffer from allergies?

- You must tell the practitioner on the day of any allergies you have. These include allergies to latex or plasters.
- Tell them if you have had any issues with previous injections.

Can I continue taking my medication?

- Yes, continue taking any prescribed medication as normal.
- Please tell the practitioner if you are taking anticoagulant (blood thinning) medication, such as warfarin, or if you are taking anti-retroviral medicines.
- After the procedure you can continue your medication as normal.

What will happen after the injection?

- Your symptoms may improve quickly due to the local anaesthetic.
- This will wear off after a few hours, and your pain may return.
- The steroid can take a few days to work.
- You can move your limb as normal but **do not do** any hard physical activities for at least a week after the injection. This helps to maximise the effect of the steroid.
- Sometimes pain can get worse for the first 24 to 48 hours.
- This usually goes away.
- If it lasts more than a few days or pain killing medicine such as ibuprofen or paracetamol doesn't help, contact your GP or urgent care for advice.
- In the next few days, if the area becomes swollen, hot, red, or very painful, contact your GP, urgent care, or NHS 111 right away.
- These could be signs of an infection.

Important transport and safety advice

- The local anaesthetic may cause numbness or weakness to the injected limb.
- These side effects may be delayed and come on after you have left the department.
- **You must not drive yourself home after the injection.**
- If your injection was of the lower limb, we also advise that you are accompanied by someone to travel home.

Please tell your clinician if you:

- Have had the same procedure in the last three months
- Have a prosthetic joint or foreign body or implant in the area to be treated
- Have an infection or fever
- Have planned surgery or dental procedures in the next two weeks
- Have received a live vaccine within the past two weeks
- Have diabetes or cardiovascular disease
- Are taking anticoagulants (e.g. warfarin, aspirin, clopidogrel, rivaroxaban)
- Are taking antiviral medications such as bupropion or those used for HIV
- Have allergies (to steroids, anaesthetics, latex, dressings, etc.)
- Are pregnant or breastfeeding.

Get more information and find helpful exercises

<http://msk.whittington.nhs.uk/>

Contact our service

Call us on 020 7288 5888, Monday to Friday between 9am and 3pm.

Contact our Trust

If you have a compliment, complaint or concern, please contact our Patient Advice and Liaison Service (PALS) on **020 7288 5551** or whh-tr.PALS@nhs.net.

If you need a large print, audio or translated copy of this leaflet, please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

020 7272 3070 | Whittington Health NHS Trust, Magdala Avenue, London, N19 5NF
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