

# 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 discolouration 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.

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## **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](mailto: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](mailto:whh-tr.patient-information@nhs.net). We will try our best to meet your needs.

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