



Steroid Injections

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About this leaflet

The purpose of this leaflet is to provide advice for patients on corticosteroid injections given in the orthopaedic department.

If you develop any of the serious complications detailed in this booklet, please contact NHS24 (phone 111) or Accident and Emergency to seek immediate medical attention and inform your doctor or injection therapist as soon as possible.

What is in the injection and what does it do?

The injection is made up of either corticosteroid alone or corticosteroid and local anaesthetic:

- **Corticosteroid** is a strong anti-inflammatory medication that can reduce pain and swelling. The most commonly used steroid in the department is called Depo-Medrone (methylprednisolone acetate).
- **Local anaesthetic** is a medication which numbs the area for a few hours. This can help diagnose the problem and can ease the pain. Commonly used local anaesthetics in the department are called Lidocaine Hydrochloride and Levo-bupivacaine Hydrochloride.

How many injections will I need?

The number of injections you need will vary for different problems and you may need more than one. Please tell us if you have had an injection before.

What happens after the injection?

After receiving an injection, you may be asked to wait in the department for up to 30 minutes following the injection to make sure you feel well before leaving.

What should I do or expect afterwards?

You may notice a numbness immediately if local anaesthetic has been used. This typically lasts up to 9 hours.

The benefit from the steroid will usually start after 3-4 days, but may take longer. The anti-inflammatory effect will continue for 3-6 weeks, but some people feel improvement for much longer than this.

Please move and use the area normally unless you have been given specific instructions by the clinician who gave you the injection.

Avoid the things which used to give you pain for around a week after the injection. If your injection is in your upper body, avoid heavy lifting or pushing. If the injection is in your lower body, avoid long walks or running.

Do not have a steroid injection if:

- You are allergic to corticosteroids or local anaesthetic.
- You do not feel well e.g. with a cold, virus, fever or sore throat
- You have an infection anywhere in your body.
- You are under 18 years old.

When discussing an injection, it is very important that you tell us if you:

- Are due to have surgery within the next 6 months, especially if you are awaiting joint replacement surgery.
- Are diabetic or epileptic.
- Have a bleeding disorder such as Haemophilia.
- Are on medications which suppress your immune system, including but not limited to methotrexate, sulphasalazine or biologics.
- Have a lung condition such as Chronic Obstructive Pulmonary Disease (COPD), heart condition such as Atrial Fibrillation (AF) or malignant tumour.
- Are on medication to thin your blood such as apixaban, warfarin or aspirin. If so, please bring in your INR booklet if you have one.
- Have had recent trauma and possible fracture.
- Are pregnant.
- Have had a vaccination or injection within the last 2 weeks e.g. flu, covid vaccination, travel vaccinations, corticosteroid injection.
- Have a fear of needles or feel uncomfortable with the thought of an injection.

What are the risks from this procedure?

Generally a steroid injection is a very safe procedure. Commonly experienced adverse events are listed below, with links available below to more specific and detailed information available in the patient information leaflet:

- Some people find the injection itself can be painful.
- Your symptoms may feel a bit worse for up to 2 days with some warmth and swelling.
- The skin at the injection site may change colour (depigmentation), become thinned or dimpled. This may take a while to settle or may be permanent .
- Frequently repeated injections risk cartilage or tendon damage. If this is a concern, your clinician may limit the number of injections you receive.
- Your face may appear slightly flushed for a few days.
- For women, your period may become irregular but should settle quickly. If disturbance continues for more than one cycle discuss with your GP.
- If you are diabetic your sugar levels may go up after injection. Please monitor your sugar levels for one week after injection. If they remain high contact your diabetes specialist for advice.

Your doctor or therapist will discuss the above with you and give you a chance to ask any questions before you decide whether you wish to proceed with the injection.

The specific risks from this procedure depend on what medicine is used in your injection.

The risks associated with the commonly used medications in the department are listed below:

Depo-Medrone: <https://www.medicines.org.uk/emc/files/pil.8957.pdf>

Lidocaine Hydrochloride:

5mg/ml (0.5%): <https://www.medicines.org.uk/emc/files/pil.6593.pdf>

10mg/ml (1.0%): <https://www.medicines.org.uk/emc/files/pil.4781.pdf>

20mg/ml (2.0%): <https://www.medicines.org.uk/emc/files/pil.6281.pdf>

Levo-bupivacaine Hydrochloride:

2.5mg/ml (0.25%): <https://www.medicines.org.uk/emc/files/pil.13642.pdf>

5mg/ml (0.5%): <https://www.medicines.org.uk/emc/files/pil.13644.pdf>

7.5mg/ml: <https://www.medicines.org.uk/emc/files/pil.13643.pdf>

Further information

If you have any questions after reading this leaflet, contact the Orthopaedic outpatient department on **0141 951 5530**.

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: **0141 951 5000**