

Corticosteroid Injections: a guide to your recovery *by Sam Singh*

The aim of this information sheet is to help answer some of the questions you may have about having a corticosteroid injection. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please speak to Mr Singh or the Consultant Radiologist when he is doing the injection for you. This sheet does not list all of the uses and side effects of the medicines we use – please see the manufacturer’s patient information leaflet online for further information. Sometimes your insurance company asks the specific name of the medication and procedure code. Mr Singh almost always uses 40mg *Depomedrone* with some long acting *Bupivacaine* anaesthesia. The procedure code for a clinic injection is W9040, Under X-ray or ultrasound it is W9030.

What is a corticosteroid injection?

A corticosteroid (or ‘cortisone’) is an anti-inflammatory medicine, which can be injected directly into the tissues that are causing your symptoms. It is a safer alternative to taking anti-inflammatory medication by mouth. It acts directly in the area injected and is not the same as the steroids taken by bodybuilders or athletes.

What are the benefits?

The injection can help to relieve swelling, pain and stiffness caused by inflammation. This may in turn help you to start your rehabilitation and return to normal activities sooner by ‘breaking the cycle’ of pain and inflammation. It can also be helpful to aid in the diagnosis of your condition if it is not clear which structures are responsible for your pain. You may also have a local anaesthetic injected at the same time, which allows for temporary pain relief.

What are the risks?

The possible side effects of the injection are rare and include:

- Flushing of the face for a few hours.
- Small area of fat loss or change in skin colour around the injection site.
- A temporary increase in pain 24 to 48 hours after the injection. If you experience increased pain for a longer period of time then please contact us for advice.
- Patients with diabetes may notice a temporary increase in blood sugar levels. If you have diabetes, you are advised to check your blood sugar levels for three days post-injection.
- Temporary bruising or bleeding in the injected area, especially if you are taking antiplatelet medicines (such as aspirin) or anticoagulant medicines (such as

warfarin). Please advise Mr Singh or the Radiologist if you are taking any blood thinning medicines.

- Infection: If the area becomes hot, swollen and painful for more than 24 hours, or if you feel generally unwell, you should contact your physiotherapist or doctor immediately. If they are unavailable, you should seek advice from your GP or Emergency Department (A&E).
- Slight vaginal bleeding/menstrual irregularities.
- Allergic reaction to the drug: This will usually happen immediately so you will be asked to wait for a short time after your injection to check for any reactions. If you have any signs of an allergic reaction after you have left the hospital then please seek medical advice.

You should not have the injection carried out if you:

- Have any infection in the area to be injected or anywhere else in your body
- Are allergic to local anaesthetic or steroids
- Feel unwell
- Are due to have surgery in that area soon
- Are pregnant or breastfeeding
- Have poorly controlled diabetes
- Do not want the injection

Are there any other alternatives?

Alternatives to the injection include lifestyle changes, use of anti-inflammatory medicines and physiotherapy. Occasionally, a surgical opinion may be helpful. If you would like further information about these other options then please let us know.

Having the injection:

What happens during the injection?

The benefits and risks of the injection will be explained to you. You will then be placed in a comfortable position. The skin is cleaned with antiseptic. A needle is gently positioned into the affected area and the solution is injected through the needle. A small plaster will be placed over the site to keep it clean and you can remove it the next day. A few moments after the injection you will be examined again.

Will I feel any pain?

The injection is not particularly painful as Mr Singh or the radiologist is thoroughly trained in this procedure. Sometimes it can be sore 8 to 12 hours after the procedure. The local anaesthesia wears off then and there can be a rebound increase in the pain for a day

or so. It is safe for you to continue to take prescribed analgesia during this period. The steroid usually starts to work after 48 hours, but if your problem has been there for a while it may take as long as 6 weeks to feel the full benefit. The effect of the injection varies from person to person and usually continues to last for about six to sixteen weeks. This does not necessarily mean that you will need a second injection, as long as you follow the advice given to you after the injection.

After the injection:

What do I need to do after I go home?

Depending on the cause of your pain, you may be asked to rest the area for a short period after the injection. This does not usually mean total rest but refraining from activities that make your pain worse, after which you should try to gradually return to full function. I tell patients that the steroid medication is like a fire-fighter-if you don't stoke the fire it makes its job easier. If you are having other medical treatment within six weeks, you should tell the treating clinician that you have received a corticosteroid injection.

Will I have a follow-up appointment?

You may be asked to attend a follow-up appointment 4-6 weeks after your injection to check your progress. We intentionally leave it this long as it can take time to really appreciate if the injection has worked or not. Occasionally, more than one injection is needed and this can be discussed at this appointment.

Contact details:

If you have any questions or concerns about the injection your surgery; please contact
Lorna: 020 7234 2167 (Mon-Fri, 9am-5pm)
Elia: 020 3637 2501 (Mon-Fri, 8am-4pm)

Out of hours: The London Bridge Hospital, Orthopaedic Ward, 0207 234 2271

The Lister Hospital Orthopaedic, Orthopaedic Ward, 020 7730 7733

The Chelsfield Park Hospital outpatients on 01689 877 855

The Sloane Park Hospital outpatients on 0208 466 4000.

If you experience an emergency you must go to your local accident and emergency department (A&E)