

Corticosteroid injection

Information for you



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What is a corticosteroid?

A medicine which can relieve swelling, stiffness and pain by reducing inflammation. It is different to steroids that some athletes or body builders use, and is very safe. Injections bypass the stomach and have less side effects than anti-inflammatory drugs (drugs to reduce inflammation).

Are there any times I should not have an injection by my physio?

Yes, if you:

- Do not want the injection
- Have already had three steroid injections to this same body part within the last one year
- Have a joint replacement at the area to be injected
- Have any infection on your skin or anywhere else in your body
- Are allergic to local anaesthetic, steroid or adrenalin, sodium hydroxide (caustic soda) or parabens
- Feel unwell, especially chickenpox or measles
- Have never had chickenpox and are known to have had contact with someone who has chickenpox within the last three weeks

- Due to have surgery at the area to be injected, unless agreed with surgeon / physiotherapist
- Are pregnant or breast feeding
- Are under 18
- Have a history of Tuberculosis (TB)
- Have liver failure
- Are HIV positive
- Have a condition called myasthenia gravis
- Have any form of blood cancer
- Have had a blood clot in your leg, arm or lung within the last eight weeks
- Have type 1 or insulin dependent type 2 diabetes and have not had HbA1c blood test result of 8.4% or less in the last eight weeks
- Type 1 or insulin dependent type 2 diabetics who do not know how to adjust their insulin dose independently
- Are taking any medications or supplements on the **attached checklist**

What are the possible side effects?

These are very rare and your physiotherapist will discuss them with you:

- A temporary flare of joint pain
- Flushing of the face for a few hours
- Small area of fat loss or a change in colour of the skin around the injection site
- Slight vaginal bleeding
- Diabetic patients may notice a temporary increase in blood sugar levels of up to four weeks. Type 1 or insulin dependent type 2 diabetics should regularly check sugar levels and adjust insulin as advised by their diabetic team. Ketones could also be tested if you have the equipment for this. If you are unable to manage your sugar levels yourself you should contact your diabetes team or family doctor (GP) as soon as possible.
- Type 2 diabetics should monitor sugar levels if this is usual procedure for you, otherwise if you feel increasingly thirsty, tired or generally unwell, you should contact your diabetes team or GP as soon as possible

- If you are taking blood thinning drugs there may be some minor temporary bruising – **if you have been asked to stop medication prior to the injection, you can usually restart it on the evening of the injection. If bruising is severe you must contact your GP or phone 111 for NHS24 within 24 hours to seek advice before restarting your medication**
- You may be asked to wait for 30 minutes after the injection to ensure there is no allergic reaction to the drug
- If you have never had chickenpox in the past or been vaccinated against it, and you come in to contact with someone with chickenpox within 3 months of your injection, there is the potential for a more serious case of this illness. You should contact your GP or NHS24 for advice on 111 if this applies to you, as you may require preventative medication
- You should avoid exposure to measles and seek medical advice without delay via your GP or NHS24 on 111 if exposure occurs
- **A serious but very rare side effect is infection in your joint. We take all steps to avoid this but if the area becomes hot, red, swollen and painful for more than 24 hours or you feel unwell, you should seek medical advice immediately telling**

them you have had a corticosteroid injection. If it is out with the normal working hours for your family doctor (GP) you should contact NHS24 on telephone number 111 or go to your nearest Accident and Emergency Department

How is the injection done?

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

How fast does the injection work?

If local anaesthetic is also used the pain should be less within a few minutes. Similar to when you visit the dentist, the pain may return after about an hour. The steroid usually starts to work within 24 to 48 hours but may take longer.

How long does the effect last?

The steroid usually continues working for three to six weeks but symptoms are sometimes eased for longer than this. The overall benefit of a local steroid injection varies from person to person and can depend on the condition being treated.

What should I do after the injection?

If the problem was caused by overuse, you will probably be told to rest the area for about two weeks. If it is a joint pain, you may start early gentle movement. Your therapist will advise you individually after the injection

When will I have to be seen again?

Usually your therapist will want to see you within two to 6 weeks of the injection. You will then be given appropriate treatment and probably some exercises for you to do at home. Further review will depend on the condition you are being treated for and your response to the injection

Date of Injection:	
Clinician:	
Site of Injection:	
Advice:	
Steroid:	Local Anaesthetic:
Dose:	Dose:

Checklist of Medications

Corticosteroid injections are generally very safe, but can interact with other medications and increase the risk of bleeding in the tissues or joints.

If you are on the following medications to thin your blood (anti-coagulants) or stop it clotting (anti-platelet), you must tell your physiotherapist. They cannot inject you unless a doctor has said it is safe to do so and has signed the prescription or given written consent.

- Heparin, including dalteparin (fragmin)
- Ibrutinib
- Cilostazol
- ADP receptor inhibitors, for example, Prasugrel; Ticagrelor; Cangrelor; Elinogrel
- Glycoprotein IIb/IIIa inhibitors, for example, Abciximab (Reopro); Eptifibatide (Integrilin); Tirofiban (Aggravastat); Roxifiban; Orbofiban
- A combination of direct oral anti-coagulants plus anti-platelet therapies

The following medications may prevent your physiotherapist injecting you and must be discussed:

- Warfarin or phenindione therapy – **your latest INR must be within your target range. Please bring your yellow book with you.**

- For patients on Apixaban, Dabigatran, Rivaroxaban, Edoxaban or any other medication to thin your blood (anti-coagulant) – please discuss with your therapist. If the injection is in to your knee, ankle, shoulder, elbow or wrist joint then further assessment will be required. You may be asked to stop taking some medicines for a full 24 hours before your injection.
- If you are taking other anti-platelet drugs to prevent blood clots please discuss with your therapist.
- Ginko Biloba supplement unless you have stopped taking it for two weeks before the injection.
- Any herbal remedies if you are also taking anti-coagulants or anti-platelet drugs – you will be asked to stop taking the herbal remedy for two weeks before the injection, in addition to any other precautions with your medications.

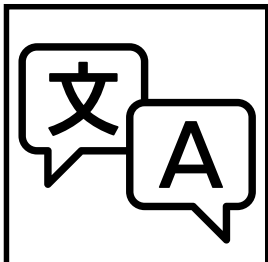
The following medical conditions may involve taking some of the medicines listed above, so your physiotherapist must know if you have, or have had, any of those.

- Coronary Heart Disease (CHD)
- Heart attack (myocardial infarction, or MI)

- Angina
- CVA / TIA (stroke or mini stroke)
- Peripheral vascular disease (PVD)
- Pulmonary Embolism / Deep Vein Thrombosis (blood clot in your lung or leg)
- Angioplasty
- Cardiac stents
- Heart bypass surgery - CABG
- Atrial fibrillation (AF) – irregular or fast heartbeat
- Heart valve disease

Your notes

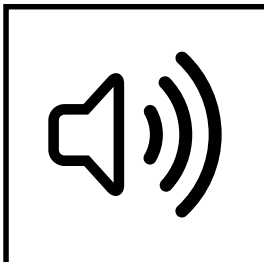
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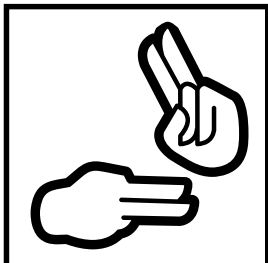
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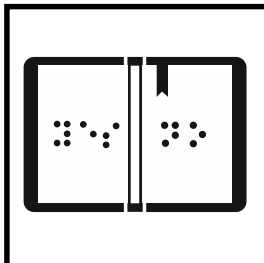
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