



*Better  
Together*

## Patient information

### Cortisone / Steroid Injection

### Trauma and Orthopaedics Directorate

Your specialist has advised you to have a Cortisone injection (steroid injection).

**Please let your specialist know at the point of being added to the injection waiting list if you are currently taking any blood thinning medications.**

## **What is a Cortisone injection?**

Cortisone (Steroid) is an anti-inflammatory medication, administered via injection directly into your affected joint or into soft tissues. You may require your injection to be given under X-ray guidance or Ultrasound control, depending on the area / joint to be injected. This will help to pinpoint more accurately the site to be injected.

## **What are the benefits of having a Cortisone injection?**

This can help to relieve your present symptoms to allow you to return to your normal activities.

## **What is the aim of having a Cortisone injection?**

The aim is to relieve your pain and help reduce any symptoms of swelling or stiffness. It can also aid in the diagnosis of your condition and it is very important that you monitor your response / symptoms over the following weeks after the injection.

(Space has been provided at the end of this information leaflet to allow you to make a record and any important notes relating to your symptoms. Please bring this along to your next follow-up clinic appointment to show to your specialist)

## **What are the risks of having a Cortisone injection?**

- Following the injection you will need to wait for a short time in case you develop an allergic reaction to the medication. Your specialist will let you know when you can safely be allowed home.
- You may notice a small amount of local bleeding and a dressing will be in place over the injection site and your specialist will check this also before you are allowed home.
- It is normal to feel increased pain for the first 24 to 48 hours following your injection. You may notice some temporary bruising around the injection site and this should begin to resolve over a few days.
- If the injection site becomes red, hot or swollen for more than 24 hours, then this could possibly be due to a local infection (although it is very rare to develop an infection after Cortisone injection). Please contact your family doctor (GP) for advice / to arrange an appointment. Should you begin to feel generally unwell or develop flu-like symptoms, please contact your GP / attend the Emergency Department (A&E).

If you have had to seek urgent medical advice for a possible infection, please let your specialist know so that an earlier follow-up appointment can be arranged for you (please see secretary of Mr. Williams contact number at the end of this leaflet).

- It is possible that you may develop facial flushing for a few hours post-injection. This should resolve, however if this persists for more than 12 to 24 hours, please contact your GP.

- There is a risk of tendon rupture if the injection is given into a tendon. If you have received repeated injections into the same area over time this may result in tendon weakness and it is not recommended that you have any more than three injections in a one year period. Also, the effectiveness of Cortisone injections can also diminish the more times you receive them.
- There is a small risk you may develop an area of fat loss or an area of pale skin at the injection site. This usually resolves over time but may be a permanent after effect.
- If you have diabetes you may have increased glucose levels temporarily and you will need to monitor your glucose levels more closely for 24 to 48 hours post-injection.

### **Are there any reasons for me not receive a Cortisone injection?**

You should **not** have a Cortisone injection if you have any of the following.

### **Please let your specialist know if you:**

- Have a known allergy to Cortisone / Steroid.
- You currently have an infection.
- Are feeling generally unwell.
- You are about to undergo any surgery or have a date for surgery coming up soon.
- Pregnant / breast feeding.
- You have poorly controlled diabetes.

## **Are there any alternative treatments available?**

Depending on your condition, you may be able to receive other treatment to help to relieve your symptoms, for example referral to the Appliance Dept for footwear modifications or the provision of off-loading insoles, which can be fitted into your footwear.

It may be appropriate for you to continue to see your GP for pain management or advice / support regarding life style changes.

Referral for physiotherapy may also be of benefit to you, depending on your condition.

## **What will happen if I decide not to have treatment?**

Your present symptoms will continue and it may be possible for you to consider conservative treatment options instead. You will be able to discuss these with your specialist.

If a diagnostic injection has been recommended, then your diagnosis may be affected / delayed.

## **What sort of anaesthetic will be given to me?**

You will be given a local anaesthetic, mixed in with the Cortisone medication, administered into the area to be injected. This will numb the area temporarily and usually wears off in one to two hours.

Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used. Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

**If you are worried about any of these risks, please speak to your Specialist or a member of their team.**

## **Going Home**

You will need to wait around after your injections for a short time until your specialist is happy for you to be discharged

## **Pain relief and medication**

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

## **Your injection site**

Following the injection, you will have a dressing in place and this can be removed the day after your injection

## **Getting back to normal**

The injection usually takes up to one week to have an effect and you should be able to gradually return to your normal activities. It is possible for the effects of the injection to last around three to four months.

## **Driving**

Depending on the area of your injection, and the initial numbness due to the local anaesthetic, you may need to arrange for someone to collect you. You can normally return to driving once your numbness has resolved.

## **Returning to work**

You can usually return to work after your injection, the numbness usually lasts for around two to four hours.

## **Further Appointments**

You will require a follow-up appointment with your specialist in six to eight weeks after your injection.

## **Further information**

### **Specialist Nurse for Foot and Ankle surgery**

**Tel: 0151 282 6000 and ask for bleep 4634**

**Text phone number: 18001 0151 282 6000**

### **Mr Williams's secretary**

**Lisa Rent**

**Tel: 0151 282 6813**

**Text phone number 18001 0151 282 6813**

### **NHS Choices website**

**[www.nhs.uk/conditions/steroid injections](http://www.nhs.uk/conditions/steroid%20injections)**

**Record of symptoms (please bring this with you to your next appointment.**

**Please place a cross along each line to record the amount of pain you are experiencing at the intervals stated below**

Pain before  
No pain-----Worst ever pain

Pain after  
No pain-----Worst ever pain  
(within two hrs)

Pain next day  
No pain-----Worst ever pain

Pain at one week  
No pain-----Worst ever pain

Pain at two weeks  
No pain-----Worst ever pain

Other  
Comments.....  
.....  
.....  
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# Author: Trauma and Orthopaedic Directorate

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