

# Patient information

# Injection Therapy

**Therapies** 

The information in this leaflet will help you to understand why you have been offered an injection into a joint or the soft tissues surrounding a joint and what to expect during your appointment. There are also answers to some commonly asked questions.

#### What is injection therapy?

Injection therapy is the injection of medicines into a painful joint or soft tissues. The injected medicines act mainly in the area they are given. The medicines are steroid (anti-inflammatory) and this is often given with a local anaesthetic (painkiller).

- The local anaesthetic reduces pain in the short term.
- The steroid reduces inflammation and has a longer lasting effect.

#### What are the benefits of having an injection?

The aim of the injection is to ease pain. The steroid works over a longer period than the local anaesthetic and helps to settle inflammation. This should continue to relieve pain and stiffness and may help restore mobility.

As your pain settles this may help to manage your condition more easily with other treatments (e.g., occupational therapy or physiotherapy). The reduction in pain and inflammation should enable you to complete your rehabilitation exercises more comfortably.

## What are the risks of having an injection?

Steroid injections are a common procedure. There are some small risks associated with having an injection:

- Pain There may be a temporary increase in pain and/or swelling in two to ten
  percent of people, which usually lasts no longer than one to two days after the
  injection. There is often some temporary bruising around the injection site which
  should resolve over a few days.
- **Facial flushing** your face and upper chest may become red or flushed. This occurs in one to five percent of people and usually lasts only for 24 48 hours.

- **Skin discolouration or thinning** the skin over the injection site might become permanently slightly lighter or darker in colour, particularly in injections given close to the skin surface, however the risk is low.
- Fat atrophy or skin dimpling there may be a temporary loss of fat, leaving a dimple, which usually disappears in a few weeks to months, but can be permanent.
- Altered blood sugar levels if you have diabetes, you may notice a temporary change in your blood sugar control which you should monitor. This should return to normal within a couple of weeks. If it doesn't you should make an appointment to see your GP or diabetes Specialist Nurse.
- **Irregular periods** in women, there may be a delay or temporary change to the menstrual cycle. This will return to normal over time.
- Allergic reaction this is very rare. Please tell your therapist if you have had a
  previous allergic reaction to local anaesthetic or steroids.
- No effect the injection may not provide any benefit, or the benefit is short-lived.
- Infection is extremely rare. Whilst every caution if taken to prevent infection, if the area becomes very hot, red and swollen, if the movement becomes very painful or restricted or if you feel unwell you must contact your GP or NHS 111 for advice or attend your local Emergency Department (A&E) immediately.

This list is not exhaustive and if there are further specific risks your therapist will inform you prior to the injection. If you are worried about any of these risks, please speak to your therapist or a member of the team.

You can report side effects directly via the Medicines and Healthcare products Regulatory Authority Yellow Card scheme at: https://yellowcard.mhra.gov.uk. By reporting side affects you can help provide more information on the safety of medicines.

#### **Important information**

You may not be offered an injection if you have any planned surgery within three months, have had dentistry work within the past six weeks or have had a live vaccination within the past two weeks.

If you have had any type of infection (e.g. chest or urine infection) since your referral for this injection or you are taking antibiotics, please reschedule your appointment as we will be unable to inject you at this time. You will need to rebook two weeks after completing your course of antibiotics.

If you are taking a drug that thins your blood known as anticoagulants (for example, Warfarin) you may require an additional blood test to ensure your blood is not too thin to have the injection. You should let your therapist know that you take anticoagulants as you may be required to adjust your dose or be advised to not take your daily dose on the day of your injection.

#### Are there any alternative treatments available?

Dependent on your condition there are alternative treatments. These are varied and therefore your therapist will discuss any appropriate alternative treatments with you on an individual basis.

#### What will happen if I decide not to have an injection?

If you do not wish to have an injection as explained by your therapist, alternative options can be considered, or you will be referred back to your GP.

## How quickly does the injection work?

This varies from person to person. There can be immediate relief as the local anaesthetic works quickly. Sometimes the pain can get worse for a day or two as the local anaesthetic wears off. It can take a few days to a few weeks for the steroid to start to take effect and any improvement to be noticed.

# How long does the injection last?

Again, this varies from person to person and the type of condition being treated. The amount of relief is variable and may give improvement up to four months or more. Your therapist should be able to give you some idea how long your injection may last. The injection will often work most effectively as part of a rehabilitation programme.

#### What should I do after the injection?

You can return to work and normal light activities but should avoid excessive movement of the affected area for up to one week.

If you regularly carry out heavy or intensive work or exercise, you may be advised to reduce this for up to two weeks. Your therapist will give you more specific guidance on the day.

You can continue to take your usual painkillers following your steroid injection. Painkillers that you take when necessary can be stopped if your pain gets better.

If there is a small dressing or plaster over the injection site, you can remove it the next day.

#### What happens next?

Your therapist will discuss follow up arrangements with you before you leave the clinic. You may need to be seen in clinic for further rehabilitation or you may receive a telephone call check on your progress following the injection.

	Post-injection advice:	
	Follow-up appointment:	
	Contact information	
	If you have any further questions about injection therapy, please contact the person below.	
	Name:	
	Telephone number:	
Below	elow is a record of the injection you have given today:	
	Corticosteroid name:	
	Dose:	
	Local anaesthetic name:	
	Dose:	

#### Feedback

Your feedback is important to us and helps us to influence care in the future.

Date of injection:

Injection site: \_\_\_\_\_

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your cooperation is greatly appreciated.

#### **Further information**

Royal Liverpool University Hospital and Broadgreen Hospital

Tel: 0151 706 2760

Text phone number: 18001 0151 706 2760

**Aintree University Hospital** 

Tel: 0151 529 3335

Text phone number: 18001 0151 529 3335

www.nhs.uk/conditions/steroid-injections

www.versusarthritis.org/about-arthritis/treatments/drugs/steroid-injections/

www.patient.info/treatment-medication/steroids/steroid-injections

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