Joint and Soft Tissue Injections Patient Information Leaflet

Springfield Medical Practice

General information

Steroid (cortisone) injections are commonly used for the treatment of joint and soft tissue disorders. Steroids have been shown to be helpful for easing pain and reducing levels of inflammation. Steroid injections are often used in conjunction with local anaesthetic. There are several different formulations of both steroid and anaesthetic which may be used. Like all medication, an individual's response to a steroid injection cannot be predicted. Most patients experience an improvement in their symptoms lasting a few weeks. For some the beneficial effect will persist for several months. Some patients unfortunately gain little or no benefit. Avoidance of strenuous activities is generally advised for a few days especially if the steroid is injected in the vicinity of a tendon or into a weight bearing joint.

Injections are not suitable for all patients. Please inform the doctor or therapist if you believe any of the following may apply to you:

- Allergy to steroid or local anaesthetic.
- Infection close to the site of the proposed injection or a significant infection elsewhere.
- Broken skin or rash at the site of the proposed injection.
- A tendency to bleed more readily because of illness or medication.
- Surgical metalwork at the site of the proposed injection, for example a joint replacement, screws or plates etc.

Side-effects and complications

- Some patients experience deterioration in their symptoms for about 48 hours after the injection. Rest and simple pain killers usually help.
- Bleeding or bruising. This is more likely if you are taking certain medications for example aspirin
 or warfarin, and usually settles with simple pressure. If you experience severe swelling or
 bruising after the injection seek urgent medical attention.
- Thinning of the skin and soft tissues at the site of the injection may occur resulting in a dimple.
 Occasionally the formation of a small lump or loss of a small area of skin colour may also occur.
- Facial flushing (warmth and redness) may occur. This will usually resolve after 24-72 hours. It is not an allergy and does not preclude future injections.
- Tendons may weaken when in contact with steroid resulting in rupture. This effect is thought to be very rare and may primarily affect damaged tendons already predisposed to rupture. Seek prompt medical attention if you experience new weakness in the affected body part.
- Joint and soft tissue steroid injections can cause a rise in blood sugar for a few days in diabetic
 patients. The effect however is usually negligible and would not normally necessitate a change
 in treatment. In certain circumstances additional monitoring may be recommended.
- Infection may be introduced into the joint or soft tissues because of an injection. This is
 extremely rare but can have very serious consequences if not identified and treated promptly. If
 you experience progressive warmth, swelling or worsening symptoms at the injection site
 particularly in association with fever, seek urgent medical attention.
- Allergic reaction to the steroid or local anaesthetic. Any medication has the potential to
 precipitate an allergic reaction even in someone who has previously encountered the same
 medication without problem. Symptoms of severe allergy include wheeze or difficulty
 breathing, swelling of the face, throat or tongue, rash or itching, stomach cramps and vomiting,
 or feeling very unwell. Call for immediate help if necessary.