Ultrasound-guided steroid injection therapy for joints and soft tissue

Introduction

This leaflet will give you information about ultrasound-guided steroid injections, why you many need one, and how it will be carried out.

What is ultrasound-guided steroid injection therapy for joints and soft tissue?

It is a procedure that involves injecting a small volume of steroid into the inflamed joint or around a tendon to reduce pain, swelling and stiffness, using ultrasound as a guide. Local anaesthetic is usually added at the same time for temporary pain relief. A steroid joint injection is often used as part of the management of osteoarthritis, rheumatoid arthritis, gout and inflammatory conditions to help to reduce the pain associated with them.

Why have I been referred for injection therapy?

Your specialist or family doctor has requested an ultrasound examination to assess if your condition may be helped by a steroid injection which will then be offered and discussed with you. In some cases (i.e. frozen shoulder) your doctor will recommend physiotherapy following the injection as this is proven to give better and long lasting benefits.

Are there alternatives to injection therapy?

Alternative treatments to injection therapy include non-steroidal anti-inflammatory drugs and sometimes surgery.

How long will it take for the injection to have an effect?

The local anaesthetic, part of the injection, will start to reduce pain within three minutes, and this will last for up to six hours. After the anaesthetic wears off the pain will be worse for three days during which you may want to take your usual pain killer tablets or those prescribed by your GP. The steroid will take longer to start to work (typically one week) and the effect may last for three months. Up to three injections
can be administered to the same area in one year not closer than four to six weeks apart.

**What should I do before the procedure?**

You can eat and drink normally. You may choose to bring a relative or friend particularly if you may not be able to get back on your own. If you are on Warfarin or other medicines to thin the blood, you should let the referring specialist know in advance and also the radiologist carrying out the treatment. The radiologist will discuss the procedure with you and you have the chance to ask questions. You should let the radiologist know if your condition has improved since seeing the specialist/GP. If you do not wish to have the injection for whatever reason, it would be useful to let the department know in advance so another patient may be treated instead. If the symptoms have changed or if the radiologist finds (after examining you) that a steroid injection may not be helpful, he or she will discuss it with you and inform the referring specialist/GP.

**What will happen during the procedure?**

You will be asked to sit or lie in a comfortable position. After cleaning the skin at the injection site with antiseptic to reduce the chance of infection the injection will be made accurately using ultrasound to guide access. An adhesive plaster will be placed over the site of the injection to keep it clean. This can be removed after 24 hours or allowed to fall off naturally. Please let the radiologist know if you are allergic to plasters.

**What do I need to do after the procedure?**

Once you feel well enough you can go home. It is advisable not to drive for four to six hours after the injection, particularly for injections to the hip, leg or foot so please arrange for someone to drive you home. You must rest the area injected for three days for the best results and also to minimise the pain. Decisions about returning to work are best made with your physiotherapist or specialist.

**What are the side effects?**

- As with any medication, there is a small risk of allergy. Please, inform the doctor of any known allergies.
- A ‘Flare’ reaction with increasing pain in the joint can occur 24 to 48 hours after the injection. You can take your usual pain killers or those prescribed by your GP and elevate the area treated if possible. Additional pain will usually settle after three days.
- Other side effects are very rare, but can include infections (in less than one in 1000 patients). If you notice that pain and swelling is increasing or you have a fever or are sweating, please seek medical advice.
- Tendons can be more prone to tears/rupture after steroid injections and strenuous activity should be avoided for one to two weeks. Guidance of the needle using ultrasound to avoid sensitive structures reduces this risk.
- Facial flushing and itching are other rare side effects, and settle down in the first few days.
- Skin discoloration and dimpling at the site of injection may develop in the weeks or months following the injection. This is an uncommon cosmetic side effect and it is not usually problematic.
- Women can notice a change in periods but these usually return to normal within a couple of months.

**What else should I know?**

- If you are diabetic, steroids can alter blood sugar level for 72 hours. This may affect diabetic blood tests but do not affect your health.
- If you are pregnant, the injection may still be given but this should be discussed with your GP and specialist doctor.
- If you are on Warfarin or other blood-thinning medicine, you should bring your monitoring booklet with your recent INR result. You should take your GP’s advice and if possible arrange an INR level check three days before you are due to have the procedure.
- If you have had recent surgery, steroid injections can affect healing. Please discuss this with the doctor at the time of referral.
- If you are immunocompromised (taking medicine that affect the immune system) and on long-term antibiotics or retroviral medication for HIV, please discuss this injection with your specialist before your appointment. Steroid injections can interact with some HIV treatment.

**Is there anything I need to tell you about?**

Please tell us in advance if:

- There is infection at the site to be treated or elsewhere.
- You are allergic to steroids or local anaesthetic
- You feel unwell.
- You don’t want the injection.
- You have had surgery around the time of the injection
- You are on HIV medication.
Where can I find our more information?

This leaflet has been produced by staff in the radiology department of London North West Healthcare NHS Trust. Please contact us for if you need more information about your appointment on 020 8869 3895 between 10am and 4pm.

General Trust information

Patient Advice and Liaison Service (PALS)

PALS is a confidential service for people who would like information, help or advice about the services provided by any of our hospitals. Please call 0800 783 4372 between 9.30am and 4.30pm or e-mail LNWH-tr.PALS@nhs.net. Please note that this service does not provide clinical advice so please contact the relevant department directly to discuss any concerns or queries about your upcoming test, examination or operation.

If you would like this information in an easy to read format, large print, braille, different format or language, please contact the PALS team on 020 8869 5118 or email lnwh-tr.PALS@nhs.net. We will do our best to meet your needs.