

# Joint and Soft Tissue Injections

An information guide



# Joint and Soft Tissue Injections

## What is a joint/soft tissue injection?

An injection into a joint or soft tissue (structures such as tendons, ligaments and membranes that surround joints), normally with steroids, local anaesthetic and additionally sometimes with sterile water.

Most of the time, this is to reduce inflammation and provide pain relief. It can at times tell us if the pain is coming from the joint itself or from another source.

## Is there any preparation needed?

There is no special preparation required and you should take your normal prescribed medications as usual. **However, please bring your warfarin card to your appointment if you are on the blood thinner warfarin**, as we would want to see that your latest INR is at least within the treatment range.

If you are on tablets such as Xarelto® (**rivaroxaban**), Pradaxa® (**dabigatran**), or Eliquis® (**apixaban**) or similar for an irregular heart beat (atrial fibrillation), we would advise you to leave at least 24 hours between the last tablet and the injection, to minimise the risk of bleeding into the joint.

If you are on **rivaroxaban** for a deep vein or lung blood clot (deep vein thrombosis or pulmonary embolism) and/or are known to have impaired kidney function, the benefits from having the injection over the risks (bleeding into the joint or further blood clots) are a lot less clear and will need to be discussed with you on an individual basis. If blood-thinning treatment for this reason is for a limited time only, it would be safest to consider putting off the injection until your other treatment has finished.

Other blood thinners such as **aspirin** are of less concern but do let us know which ones you take when you attend for your appointment.

**Our advice to you is to not drive yourself to or from the appointment even if you feel well enough, as the administration of a local anaesthetic will likely invalidate your car insurance for at least the remainder of the day. Please make other arrangements.**

**The responsibility is entirely yours whether or not you choose to follow this advice.**

## What happens during the examination?

- Before the procedure the doctor/radiographer will explain the examination and ask you to sign a consent form if you are happy to proceed. After this you may be asked to change into a hospital gown.
- You will be placed on a table/chair with the skin of the affected joint/soft tissue exposed. The overlying skin will be cleaned with antiseptic to prevent infections.
- Local anaesthetic will be provided under the skin to numb the area
- Once this takes effect, a needle (under the guidance of x-ray or ultrasound or sometimes under CT scan) will be introduced into the affected joint(s) or soft tissue space and the steroids/local anaesthetic is injected.

If this is in a satisfactory position you should feel some pain relief, although it may sometimes get worse before it gets better.

### Will it be uncomfortable?

This can vary from patient to patient but there are two potential episodes of discomfort. These are:

**During the local anaesthetic:** you will feel a pinprick when the needle for the local anaesthetic is inserted into the skin. When the local anaesthetic is injected you may feel a stinging sensation; and

**When the steroids/local anaesthetic is injected** the joint may begin to feel 'full' or under pressure. This is normal however if you are in severe discomfort please let the doctor know.

### How long will it take?

We allow 30 minutes per examination, however this includes the explanation and signing the consent form.

## What problems can occur?

- This is a common examination and it is done under sterile conditions. However there is a small risk of infection being introduced into the injected area. If this occurs then you may notice an increase in pain and the area may become red or swollen and you may have a fever. You should see your GP or attend Accident and Emergency.
- Pain may increase after the injection but should reduce after 24 to 48 hours. If you need to take painkillers such as paracetamol then do so if needed.
- There is also a small risk of an allergic reaction to the dye or the local anaesthetic we use. If you are known to have an allergy then please let us know.
- You may get a bruise at the site of injection. Injury to the blood vessels and the nerve close to the joint is rare and every effort is made to avoid this.
- Side effects of steroids may include facial flushing, mood swings, menstrual irregularity for a few months, altered blood sugar levels (diabetics may find it harder to control their levels for a few days to weeks and should monitor them closely), tendon rupture (if near the tendon). Most steroid side effects are temporary but permanent side effects can occur at the site of injection (particularly with superficial injections like in the hands or feet) with formation of a tiny area of skin thinning / lightening and skin dimpling.

## **What we need to know:**

- Are you allergic to anything? Particularly steroids/local anaesthetic?
- Do you have diabetes?
- Do you take blood thinning medications such as warfarin?
- If you are female, is there any possibility of you being pregnant? (applicable if the injection is performed under x-ray and the appointment must be within the first 28 days of your period).

## **What to expect after**

We advise you to rest or at least avoid strenuous exercise for 48 hrs.

The hope is that this treatment provides pain relief. It may take up to a week to become effective and the period of pain relief differs widely. It may help for a few days to a few months. Please keep a pain diary as it will help your doctor decide if it has been effective.

Please note that it may also get worse in certain circumstances, often if the pain does not originate from the site of injection.



**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

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