

# Rheumatology Local Steroid Injection

An information guide



# Rheumatology Local Steroid Injection

## **What is a joint injection and why have I been given one?**

When your joints are swollen and tender we often put a needle into your joints to draw out fluid and inject steroid into them. The steroid reduces the swelling and pain you have, so you can use your joint again. Joint injections are done for people with rheumatoid arthritis, osteoarthritis and many other conditions. Sometimes we inject into the tissues around joints as well because this can help with conditions such as tennis elbow.

## **What has been injected into my joints?**

We usually inject a small amount of steroid. We often inject some local anaesthetic, which is a painkiller, into your joint. Your clinician will decide whether to inject a local anaesthetic at the same time. This does not reduce inflammation but will allow almost immediate temporary pain relief.

## **How long will it be before my joints feel better?**

The local anaesthetic will start to reduce your pain within a few minutes of the injection.

This pain relief will last for 1 to 2 hours. The steroid will take longer to start working; sometimes it can be nearly 1 to 2 days after the injection before you start to feel better.

So while you are waiting for the steroid to work you can take painkillers such as paracetamol, or cold packs.

The joint you have had injected will hopefully feel better for up to 3 months and sometimes longer, but everybody is different so it may not last this long. If you have had previous injections and they have not lasted this long then it would be advisable to have your condition re-assessed and a new treatment plan decided with your clinician.

## **Can I leave the clinic straight after the injection?**

Generally you will be able to leave after your injection, as long as you are feeling well.

It is rare for people to have an allergic reaction to the drugs. If you have an allergic reaction you can get a rash on your skin, feel your face swelling up or feel you can't breathe properly. If this happens we will be able to treat you immediately.

If you feel any of these symptoms later on at home you should go to your nearest Accident and Emergency department. Remember this is very unlikely to happen!

## **Do I need to rest after the injection?**

It is recommended to rest the joint that has been injected for 48 hours as this helps the injection work better. If this is impractical then it is advisable to avoid any strenuous exercise for the following 48 hours.

A general principle is to move the joint injected as normal but do not lift or push heavy objects for a week after the injection.

## **I am diabetic - does the injection affect my diabetes?**

The steroid can make your blood sugar higher than normal. You need to check your blood more often for a week. You may need to increase your insulin. Contact your diabetes specialist for advice if your blood sugar is high.

## **I am on biologic therapies – does that matter?**

If you are taking an anti-TNF therapy, or other biologic therapies we can still inject your joints. You must be especially quick to tell us if you have any signs of infection in your joint.

The infection could be worse because you are taking a medication that affects your body's natural defences against infection.

## **What are the risks or side-effects?**

Side effects are rare. Very occasionally people notice a flare in their joint pain within the first 24 hours. This usually settles within a couple of days.

The most important but very rare side effect of treatment is infection in your joint – this is very rare (for every 20,000 injections we give no more than one of them would get an infection).

Importantly you should remember that if you have an infected joint it will **not** get better with the rest and ice packs we suggested.

If your joint feels like it is getting more and more painful and swollen please contact us.

If you have a high temperature and your joint becomes;

- Hot
- Red
- Swollen
- Painful.

Then you should contact us direct on 0161 918 8562 to discuss further or go to the Accident and Emergency department if it is a weekend.

## **Are there other side effects I need to know about?**

Some patients experience facial flushing after an injection or itching at the injection site.

These symptoms should settle within the first few days.

**Skin changes** – very occasionally some thinning or discoloration of the skin which may occur at the site of the injection. This is called de-pigmentation and may take longer to fade; sometimes it has a permanent effect.

**Menstrual disturbance** – Women may have some changes in their normal cycle after an injection. This is more likely if you have more

than one joint injected. If it lasts longer than one cycle you should see your doctor. If you have any reactions that you are concerned about you should contact your GP or attend A&E. You could alternatively, contact NHS Direct for advice.

### **How often can I have my joints injected?**

We do not want to give you too many joint injections. The most we will give you is 4 in a year, into the same joint. Very occasionally we will give you more than this if there are special reasons.

However, there is a small risk of frequent injections causing cartilage damage, especially in weight bearing joints. Your clinician will be able to advise you more specifically about this risk.

### **May I take other medicines along with the steroid injection?**

You may take other medications with steroid injections. It is important you tell us if you are taking a drug that thins your blood (an anticoagulant) such as Warfarin. You should bring your monitoring booklet showing your recent INR results. We recommend you inform your anti-coagulant nurse that you have had a steroid injection.

### **Where can I obtain further information?**

If you would like any further information about steroid injections, or if you have any concerns about your treatment, please discuss this with your clinician.

You can also go to [www.arc.org](http://www.arc.org) for a leaflet on joint injections or contact NHS Direct for advice and guidance.

### **Contact Information**

If you have any questions regarding the service, please contact Pennine Rheumatology Service on **0161 918 8562**.

# Rheumatology Intra Articular joint injection checklist/LOCCSIPP

## Patient details

Name.....

Date of birth.....

Address:.....

Diagnosis: .....

Date of last injection / N/A .....

## PRE PROCEDURE

Date.....

Patient ID Check.....YES/NO

Procedure .....

Site.....

Left/Right/Bilateral .....

Procedure discussed with patient?.....YES/NO

Verbal consent obtained? .....

## Contraindications discussed:

Allergies.....YES/NO

Infection/Antibiotics.....YES/NO

Previous joint replacement surgery to the joint considered for injection- **Definite contraindication – DO NOT INJECT**

Anticoagulant treatment - INR > 2.5.....YES/NO

Recent local trauma.....YES/NO

*Refer to PGD for more extensive guidelines*

**Procedure**

Site injected .....

Drug required.....

Expiry date.....

Batch number.....

Any specimens obtained?.....YES/NO

Have they been correctly labelled?.....YES/NO

Any complication during/immediately post procedure?.....YES/NO

**Post procedure**

Aftercare information provided?.....YES/NO

Trust patient information leaflet provided.....YES/NO

Clinician Signature .....

Patient Signature.....

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

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

 [www.facebook.com/NorthernCareAllianceNHSGroup](http://www.facebook.com/NorthernCareAllianceNHSGroup)

 [www.linkedin.com/company/northern-care-alliance-nhs-group](http://www.linkedin.com/company/northern-care-alliance-nhs-group)

 Northern Care Alliance NHS Group (NCA) @NCAlliance\_NHS

**Date of publication: January 2017**

**Date of review: November 2020**

**Date of next review: November 2022**

**Ref: PI(SU)1026**

© The Northern Care Alliance NHS Group

[www.pat.nhs.uk](http://www.pat.nhs.uk)

[www.northernalliance.nhs.uk](http://www.northernalliance.nhs.uk)

