

## Patient Information

# CORTICOSTEROID INJECTIONS

The aim of this information sheet is to help answer some of the questions you may have about having a corticosteroid injection. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please speak to the doctor, nurse or physiotherapist caring for you. This sheet does not list all of the uses and side effects of the medicines we use – please ask to see the manufacturer's patient information leaflet that comes with the medicine if you require further information.

### **What is a corticosteroid injection?**

A corticosteroid (or 'cortisone') is an anti-inflammatory medicine, which can be injected directly into the tissues that are causing your symptoms. It is a safer alternative to taking anti-inflammatory medication by mouth. It acts directly in the area injected and is not the same as the steroids taken by bodybuilders or athletes.

### **What are the benefits?**

The injection can help to relieve swelling, pain and stiffness caused by inflammation. This may in turn help you to start your rehabilitation and return to normal activities sooner by 'breaking the cycle' of pain and inflammation. It can also be helpful to aid in the diagnosis of your condition if it is not clear which structures are responsible for your pain. You may also have a local anaesthetic injected at the same time, which allows for temporary pain relief.

### **What are the risks?**

The possible side effects of the injection are rare and include:

- Flushing of the face for a few hours.
- Small area of fat loss or change in skin colour around the injection site.
- An increase in pain 24-48 hours after the injection.
- Diabetic patients may notice a temporary increase in blood sugar levels.
- Temporary bruising or bleeding if you are taking blood thinning tablets (such as aspirin or warfarin).
- Infection: if the area becomes hot, swollen and painful for more than 24 hours, or if you feel generally unwell, you should contact your physiotherapist or doctor immediately. If they are unavailable, you should seek advice from your GP or Accident & Emergency (A&E) department.
- Slight vaginal bleeding / menstrual irregularities.
- Allergic reaction to the drug: You will be asked to wait for a short time after your injection to check for any reactions.
- The injection may fail to give the desired benefit/improvement. The success cannot necessarily be predicted in advance.

You should not have the injection carried out if you:

- Have any infection in the area or anywhere else in your body.
- Are allergic to local anaesthetic or steroid.
- Feel unwell.
- Are due to have surgery in that area soon.
- Are pregnant or breast feeding.
- Have poorly controlled diabetes.
- Do not want the injection.

**Are there any other alternatives?**

Alternatives to the injection include lifestyle changes, use of anti-inflammatory medicines and physiotherapy. Occasionally, a surgical opinion may be helpful. An operation may be an alternative.

**What happens during the injection?**

You will be asked whether you have read this information and whether you have any questions. You may be asked to sign a consent form. You will then be placed in a comfortable position. The skin is cleaned with antiseptic. A needle is gently positioned into the affected area and the solution is injected through the needle. A plaster will be placed over the site to keep it clean.

**Will I feel any pain?**

The injection can be painful as some patients find the steroid irritating as it goes in. A local anaesthetic may be used prior to or mixed in with the steroid injection. Sometimes it can be sore for a few hours after the procedure.

**What happens after the procedure?**

You may drive after 20 minutes unless you have increased pain, feel unwell or faint, therefore you may prefer to be accompanied by someone who can drive you home if necessary.

If local anaesthetic is also used in the injection, your pain may start to improve within a few minutes although this may return when it wears off (similar to when you visit the dentist). The steroid usually starts to work after 24–48 hours; the maximum benefit may not be felt for a couple of weeks.

The effect of the injection varies from person to person and usually continues to last for about six weeks. This does not necessarily mean that you will need a second injection, or that your symptoms will return, so long as you follow the advice given to you after the injection.

**What do I need to do after I go home?**

Depending on the cause of your pain, you may be asked to rest the area for 24 – 48 hours after the injection. This does not usually mean total rest, but refraining from

activities that make your pain worse, after which you should try to gradually return to full function. This is to maximize the benefit given by the injection.

### Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Alexandra Hospital Radiology Department 01527 512766 / 5120265
- Worcester Royal Radiology Department 01905 760614
- Kidderminster Treatment Centre Radiology Department 01562 513088

### Other information

The following internet websites contain information that you may find useful.

- [www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)  
Worcestershire Acute Hospitals NHS Trust
- [www.patient.co.uk](http://www.patient.co.uk)  
Information fact sheets on health and disease
- [www.rcoa.ac.uk](http://www.rcoa.ac.uk)  
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
On-line health encyclopaedia

### Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

**Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).**

### Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

### Urdu

“اگر آپ کو یہ دستی اشتہار کسی متبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایڑی ریڈ) تو پشٹنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔”

## Portuguese

"Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler)."

## Polish

"Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733."

## Chinese

"如果您需要此份傳單的其他語言選擇或其他版本

(如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733與病患服務處聯繫。"

## Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Thank you for your help.