

# Local steroid injections

This leaflet provides information on local steroid injections and will answer any questions you have about the treatment.

# What are steroids?



Some steroids occur naturally in the human body. Man-made steroids act like natural steroids to reduce inflammation. They can be given in tablet form or as an injection. A steroid mixture can be injected into or around an inflamed joint to ease symptoms. It's known as a local injection because it acts in a particular area.

# At a glance

## **What are steroids?**

Steroids are a type of drug. They can be given as tablets or injections. There are a number of different strengths of steroid injections available.

## **What do steroid injections do?**

Steroids reduce inflammation.

## **What are they used for?**

They're used for any inflammatory arthritis and sometimes for osteoarthritis when joints are swollen.

## **How are they given?**

They're given by your health-care professional when necessary.

## **Are there any side-effects?**

Side-effects can include a temporary flare-up of joint pain, infection, changes in mood and thinning of the skin.

Providing answers today and tomorrow

## Why are local steroid injections prescribed?

A local steroid injection is given to reduce inflammation and pain within a joint. They're frequently recommended for people with rheumatoid arthritis and other types of inflammatory arthritis. They may be recommended for people with osteoarthritis if their joints are inflamed. An injection into a joint is called an intra-articular injection.

If you have pain or inflammation near an affected joint, you'll probably be given an injection into the tender area rather than the joint. An injection near a joint but not actually into it is called a peri-articular injection or soft tissue injection. An injection directly into a muscle is called an intramuscular (IM) injection.

## When and how do I have local steroid injections?

Your GP, rheumatologist, orthopaedic surgeon, rheumatology nurse or physiotherapist will choose the most appropriate steroid mixture and dose. Most injections are quick and easy to perform.

If you have an injection into a joint, you should rest it as much as possible for the first 1–2 days. If this isn't possible, you should at least avoid strenuous exercise for the first couple of days. If you're having a course of physiotherapy, the physiotherapist may be keen to give more intensive mobilisation treatment after the injection, while your joint is less painful.

If the injection is very helpful, and other treatments are either unsuitable or less effective for you, it may be repeated if necessary.

### Record your dosage here to help you manage your treatment:

How many? .....

What dosage/strength? .....

How often? .....

When? .....

## How long do local steroid injections take to work?

Short-acting soluble steroids can give relief within hours and should last for at least a week. The longer acting, less soluble steroids may take around a week to become effective but can ease your symptoms for 2 months or longer.

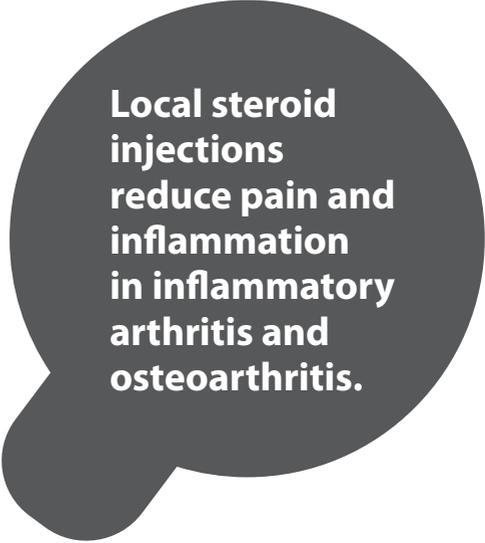
Sometimes you'll be given a local anaesthetic with the steroid to reduce the discomfort of the injection, although it won't have an effect on the inflammation. If this is the case, your pain should be relieved within minutes but it'll usually wear off within half an hour unless the anaesthetic selected is long acting. You can take paracetamol if the joint is painful.

## What are the possible side-effects?

The risk of side-effects is greatest with the stronger mixtures. The mildest mixture is hydrocortisone. Methylprednisolone and triamcinolone are stronger and tend to be less soluble (dissolve less easily), so they stay in your joint for longer.

Side-effects are very unlikely but occasionally people notice a flare-up in their joint pain within the first 24 hours after an injection. This usually settles on its own within a couple of days.

Very rarely you may get an infection in the joint at the time of an injection. If your joint becomes more painful and hot you should see your doctor immediately, especially if you feel unwell.



**Local steroid injections reduce pain and inflammation in inflammatory arthritis and osteoarthritis.**

Injections can occasionally cause some thinning or changes in the colour of the skin at the injection site, particularly with stronger preparations. In very rare cases an injection of steroids into the muscle can lead to an indentation in the skin around the area.

Local steroid injections may sometimes cause facial flushing or interfere with the menstrual cycle. Other steroid-related side-effects are rare unless injections are given frequently (more than a few times per year).

Any treatment with steroids may cause changes in mood – you may feel very high or very low. This may be more common in people with a previous history of mood disturbance. If you're worried please discuss this with your doctor.

It's usual to see a rise in blood sugar levels for a few days after the injection if you have diabetes.

## What are the risks?

### Will it affect vaccinations?

You can have vaccinations after local steroid injections.

### Can I drink alcohol while on local steroid injections?

There's no particular reason to avoid alcohol after local steroid injections.

### Do local steroid injections affect fertility or pregnancy?

Single steroid injections shouldn't affect fertility or pregnancy. However, if you're pregnant you should discuss this with your doctor before having a local steroid injection.

### Do they affect breastfeeding?

Joint injections are rarely needed when breastfeeding. If an injection is given, small amounts of steroid could pass into the breast milk. While this is unlikely to be harmful to your baby, you should discuss the risks with your doctor.

### What else should I know about local steroid injections?

The person giving you the injection may use an ultrasound scan so they can find out exactly where the inflammation is and give the injection into a precise spot.

You may notice that your joint pain increases following an injection, but this should ease within 48 hours. Taking simple painkillers such as paracetamol will help. You may also

want to arrange transport home after the injection, especially if you've had a local anaesthetic, because it can make it difficult to drive.

Injections can also temporarily improve some of your other joints, particularly those close to the injection site.

### Are there any alternatives?

A number of other drugs are used in the treatment of inflammatory arthritis. Different treatments, including physiotherapy, may also be useful. Your doctor and rheumatology nurse will discuss these other options with you.

### Will I need any special checks while on local steroid injections?

You should have your blood pressure and blood sugar checked before your first injection as it can cause these to rise. You might need to delay the injection if either is raised.

### Can I take other medicines along with local steroid injections?

You can take other medicines with local steroid injections. However, if you're taking an anticoagulant (a drug that thins the blood) such as warfarin, it's less likely that you'll be offered an injection because of the risk of bleeding into the joint. You should mention that you take anticoagulants to the person giving the injection to make sure that they're aware of this.



## Where can I get more information?

Arthritis Research UK is the charity leading the fight against arthritis. We do this by funding high-quality research, providing information and campaigning. We publish over 60 information booklets which help people to understand more about their condition, its treatment, therapies and how to help themselves.

If you would like any further information about local steroid injections, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse, physiotherapist or pharmacist.

A team of people contributed to this booklet. It was written by Dr Ariane Herrick, who has expertise in the subject. It was assessed at draft stage by clinical specialist physiotherapist in rheumatology Allison Dean, clinical nurse specialist Lynda Gettings and consultant rheumatologist Dr Gill Pountain. An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Dr Ben Thompson, is responsible for the content overall.

**Please note:** We have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change.

**This information sheet is for general education only and does not list all the uses and side-effects associated with this drug.** For full details please see the drug information leaflet that comes with your medicine. Your doctor will assess your medical circumstances and draw your attention to any information or side-effects that may be relevant in your particular case.

This leaflet has been produced, funded and independently verified by **Arthritis Research UK**.

## Get involved!

You can help to take the pain away from millions of people in the UK. To get more actively involved, please call us **0300 790 0400** or email us at **enquiries@arthritisresearchuk.org**

or go to:

**www.arthritisresearchuk.org**

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