

# Local Steroid Injections

A DRUG INFORMATION SHEET

## Introduction

If you have an inflamed or swollen joint, or if you have pain or inflammation near a joint, your doctor may inject a steroid preparation into the affected area. It is known as a local injection because it acts only in that area. Injecting into a joint is called an 'intra-articular' injection. Injecting near a joint but not actually into it is called a 'peri-articular' injection (meaning 'near the joint') or 'soft tissue' injection.

## What steroid preparations are available?

There are several steroid preparations and your general practitioner, rheumatologist or orthopaedic surgeon will choose the preparation and the dose most appropriate to your needs. The mildest is hydrocortisone. Prednisolone, methylprednisolone and triamcinolone are stronger and tend to be less soluble, remaining in the joint for longer. Benefit from the stronger drugs is associated with a slightly increased risk of local side-effects. Your doctor will also decide whether to inject a local anaesthetic at the same time. This does not reduce inflammation, but will allow almost immediate temporary pain relief.

## Why has this treatment been recommended for me?

For rheumatoid arthritis and related diseases, the injection is given to reduce inflammation, swelling and pain within a joint. Although osteoarthritis is mainly a 'wear and tear' condition, steroid injections are often given for this as well. This is because there is often some inflammation present and pain and swelling may be reduced.

A peri-articular or soft tissue injection is given to reduce pain and inflammation at that site, e.g. if you have tennis elbow, your doctor may inject the tender area.

## Do I need to rest after the injection?

It is often recommended to rest a weight-bearing joint as much as possible for the first 1–2 days after an intra-articular injection. If impracticable, then it would be sensible to at least avoid strenuous exercise for the first couple of days. If you are also having physiotherapy, the physiotherapist may be keen to give more intensive mobilisation treatment after the injection, while the joint is less painful.

## How long will the steroid injection take to work, and how long will it last?

This depends to some extent on the preparation used. The short-acting soluble steroids give relief within hours and should last for at least a week. The longer-acting less soluble steroids may take a few days to become effective but may give benefit for 2 months or longer. If an anaesthetic has also been given, pain relief should occur within minutes but will usually wear off quickly (within half an hour, unless the anaesthetic selected is long acting). Many injections are quick and easy to perform and are associated with only minimal discomfort. Therefore local anaesthetic is not always used.

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

Side-effects are very unlikely. Very occasionally people notice a flare 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 infection might be introduced into the joint at the time of an injection. Therefore if the joint becomes more painful and hot you should consult your doctor immediately, especially if you feel unwell. Occasionally with intra-articular and peri-articular injections some thinning or change in the colour of the skin may occur at the injection site. The risk of side-effects, particularly thinning of the skin, is greatest with the stronger preparations. Local steroid injections may sometimes cause facial flushing or interfere with the menstrual cycle.

Other steroid-related side-effects, seen with steroid tablets, are rare unless injections are given frequently.

### **What other treatments could be used instead of local steroid injections?**

A number of other drugs are used in the treatment of rheumatoid arthritis and related conditions. Other treatments including physiotherapy may also be beneficial. Your rheumatologist will discuss these other options with you.

### **If the injection has worked, how often can it be repeated?**

There is general agreement that if an injection is very helpful, and other treatments are either inappropriate or less effective, then the injection may be repeated every 3–4 months. However, there is a small risk of frequent injections causing cartilage damage, especially in weight-bearing joints such as the knee.

### **Do I need any special checks while having steroid injections?**

No special checks are required.

### **May I take other medicines along with steroid injections?**

You may take other medicines with steroid injections. However, if you are taking anticoagulants such as warfarin, it is less likely that you will be offered an injection because of the risk of bleeding into the joint. If you are taking anticoagulants you should mention this to the person giving the injection to ensure that s/he is aware of this.

### **Can I have immunisations after a steroid injection?**

Yes, you can have immunisations while being treated with steroid injections.

### **May I drink alcohol after a steroid injection?**

There is no particular reason for you to avoid alcohol after a steroid injection.

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

Single injections of steroid should not affect fertility or pregnancy. However, if you are pregnant you should discuss this with your doctor before receiving a steroid injection.

### **What about breastfeeding?**

Joint injections are rarely needed when breastfeeding. Single injections should not be harmful when breastfeeding, but if you are breastfeeding it would be best to discuss this with your doctor before receiving 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, you should discuss this with your doctor, rheumatology nurse specialist or pharmacist.