

Steroid Injections

This information leaflet has been produced to provide our patients with an overview of their condition and what treatments they may expect. However, each person is different and the treatment you are offered will depend on your unique circumstances.



Stanmore
Foot & Ankle
Specialists

What is a Steroid Injection?

A steroid, or corticosteroid, injection is an injection of a chemical substance into a joint or around a tendon or other soft tissue structure. Although there are many different types of steroids used, they all act in similar ways.

Steroids are chemical substances that occur naturally in your body and one of their roles is to help control inflammation. Signs of Inflammation include pain, redness, warmth and swelling, and so if you have any of these you may be offered a steroid injection.

Typically steroid injections may be given into a joint, although occasionally they may be given around a tendon if there is inflammation in the tendon sheath (the coating surrounding the tendon). Steroids are not given into the tendons themselves.

Why have a Steroid Injection?

To help confirm a diagnosis

The foot and ankle has 26 bones and over 30 joints, all close together. Sometimes it is not always clear which joint or structure is causing your symptoms. In this situation we may decide to choose the joint / area most likely to be causing your pain and inject it. If this takes away all your pain then it helps us confirm the source of your pain. Sometimes it may not help, but this also gives us important information.

To treat your symptoms

As mentioned before we use steroid injections to control inflammation and therefore it is commonly used as a treatment. Depending on your condition it may treat your symptoms permanently, or help calm things down so that you can begin rehabilitation. It is also useful to treat your pain if you are unable to have surgery but need pain relief.

How is the Injection Given?

A steroid injection can be given in one of 3 ways:

- **Landmark technique.** In some cases the area to be targetted is easily identified and reached (for example, your big toe joint). In this case a small needle can be directly inserted into the joint and the steroid injected.
- **X-ray guided.** In some cases the joint is harder to find. In this case we may use X-rays to locate the joint and ensure that the needle goes into the correct joint. Using this technique we often inject a small amount of iodine-based dye into the joint. This shows up on the X-ray and helps us confirm we are in the correct place. The steroid is then given. This technique has the added benefit of allowing us to see where the dye travels, which can highlight whether there are any abnormal connections between joints.
- **Ultrasound guided.** For some joints it is easier and more accurate to use ultrasound to locate the joint. Ultrasound is particularly useful when we are targetting tendons sheaths or soft tissues. They are also used if you are allergic to the dye used for X-ray guided injections.

Your surgeon will discuss which the most appropriate technique is for you.

The procedure

For the procedure itself, the area to be injected is cleaned and a small amount of local anaesthetic is injected to make the area numb and reduce discomfort.

The Steroid is often mixed with some local anaesthetic. The local anaesthetic works within a few minutes, so your pain may initially improve quite quickly. However the local anaesthetic will wear off after a few hours and the steroid takes 48 hours to a few weeks to fully take effect.

After the Injection

After the procedure you will have a small dressing to cover the injection site. This can usually be removed after a day or so. You can usually go about your day as normal after an injection, unless you have had it under sedation. If you have had sedation then you will be unable to drive or operate heavy machinery for 24 hours.

We may give you a pain diary to record your symptoms over time.

Will it hurt?

The injection is not usually too painful, but in some cases it may be done under sedation. It is important to remember that after the local anaesthetic wears off you may feel an increase in pain (sometimes called a steroid flare) which may last a couple of days. This usually settles down once the steroid starts to take effect.

Reasons to Avoid an Injection

You may not be suitable for an injection if:

- You are immunosuppressed
- You have an infection in the area or a suspicion of infection in the joint
- You have an allergy to the substances to be injected (if this is just the dye you may be able to have the injection under ultrasound)
- You are pregnant
- You are on blood thinners (you can still usually have an injection, but you may either need to stop your blood thinners temporarily, or have it done in theatre).
- You have had more than 2 injections in the previous year already.

Risks of Steroid Injections

- **Steroid Flare.** As discussed before this is an increase in pain or swelling immediately after a steroid injection. We are not sure what causes this and it does not happen to everyone. It usually settles within a couple of days.
- **Bleeding.** This can sometimes result in a bruise, and may be worse if you are on blood thinners.
- **Skin Changes.** Sometimes the steroid can leak out of the joint and causes changes to the colour of the skin (a small white dot or patch), or changes in the fat (which can get thinner).
- **Tendon rupture.** Injections can weaken tendons and increase the chance of them rupturing. If injecting around tendons we will may advise you go into a boot for a short period afterward to reduce this risk.
- **Allergic reactions** to chemicals injected
- **Infection.** This is very rare but if it does occur you may need antibiotics or surgery to treat the infection.
- **Systemic effects.** These are very rare with the dose of steroid given in the foot and ankle. The most common side effect is that if you are diabetic, your sugar levels may run higher for a day or two. Other possible side effects (more common if having multiple oints injected) include changes in mood / sleep / appetite for a day or so. Other very rarer side effects include changes or damage to your bones.
- **Recurrence.** This is the most common risk, and is the risk that your pain and symptoms will return when the effects of the steroid wears off. This may take weeks, months or years, or in some cases the injection may never work.



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