



University Hospitals Birmingham
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Patient advice for ultrasound-guided steroid injections

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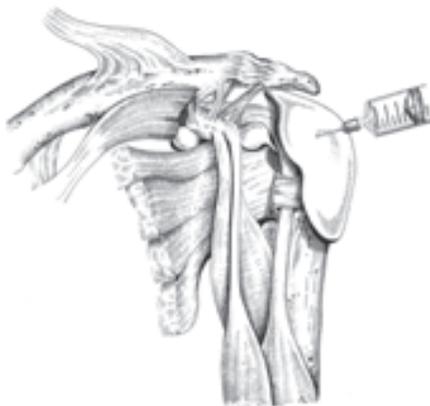
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This advice is designed for patients who have been referred for an ultrasound-guided steroid injection by their clinician. Your clinician should have discussed the reasons for the injection with you prior to your referral.

What is a steroid injection?

Steroid injections are used to ease pain and reduce swelling. The steroid is often injected in combination with a local anaesthetic. The injection may be into a painful joint but may also be used to treat inflammation in soft tissues, such as tendons, tennis elbow or plantar fasciitis.



How to prepare for your injection

There is no specific preparation for the injection, but you should advise the Radiologist performing the injection if you are taking any of the following drugs:

- Warfarin
- Aspirin
- Clopidogrel (Plavix)
- Zyban (Bupropion)

Please also inform the radiologist if you are a diabetic as the steroid injection may temporarily effect your sugar levels.

Who will perform the injection

The injection will be performed by a radiologist (a doctor who is trained in ultrasound); either a consultant or a specialist registrar who is being supervised by a consultant.

Consent

The procedure will be explained to you and you will have the opportunity to ask any questions you may have. If your symptoms have changed since you were referred or the radiologist feels that the injection may be unsuitable for you, they will discuss this with you and inform the referring clinician.

About the procedure itself

The radiologist will identify the site for injection by moving an ultrasound probe over the area, with you either lying on a couch or sitting on a chair. Your skin will then be cleaned with a sterile solution. Local anaesthetic may be injected at the same time as the steroid, which will provide short-term pain relief. There may be more than one injection depending on the area being treated. The whole procedure should last between 15 to 30 minutes.

What happens afterwards

If local anaesthetic has been injected you may not feel any pain for a few hours afterwards. The area may feel uncomfortable and once the anaesthetic wears off you may feel increased pain for a few days afterwards.

Depending on the type injection you may not be able to drive for between 4 to 6 hours afterwards. You may therefore need to arrange someone to drive you home afterwards.

Important things to know

Benefits

The purpose of the injection is to reduce pain and/or inflammation in the affected joint or tendon injected.

Risks

There is a small risk of infection following injections. If you experience redness or swelling around the area injected or a

high temperature you should see your own GP or attend A&E and explain you have recently had an injection.

- Female patients may notice their menstrual cycle is slightly irregular for a few months following a steroid injection
- Diabetics should closely monitor their blood for 5 days following the injection
- There is a risk of facial flushing following steroid injection
- For superficial injections like in the hands or feet, there is a small risk of depigmentation (lightening of the skin) and a skin dimple due to steroid induced lipoatrophy (loss of fat tissue).

Alternatives

Alternatives to steroid injections may include physiotherapy or more systemic treatments (such as anti-inflammatory tablets). These treatments will usually have already been used before a steroid injection is considered.

Surgery is also a possibility in many conditions, but this is often reserved for when conservative measures have failed. You may discuss this option with your doctor.

*The illustration included in this patient information leaflet has been reproduced with the kind permission of Dr Angela Luck.



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Radiology
Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston
Birmingham, B15 2GW
Telephone: 0121 627 2000
