



Patient advice for ultrasound-guided steroid injections

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 maybe 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.

Steroid injections and COVID-19

Enclosed is a letter offering you an appointment for an image guided steroid injection.

In light of the recent Covid-19 pandemic, we are changing many ways of working to ensure the safety of patients and staff. It is extremely important that you read this letter and the accompanying appointment letter prior to your visit to the hospital.

Steroid injections are commonly used in management of musculoskeletal diseases to ease pain, increase mobility and improve quality of life. Their duration of effect is variable but they can provide benefit for several months and in certain conditions may provide long-term symptom resolution. In some patients, the use of an injection can avoid the need for surgery or delay it for a substantial period, thereby reducing the risks of patients undergoing procedures at this time. However, during the coronavirus pandemic we need to give extra consideration as to whether potential benefits outweigh the risks.

Do steroid injections increase your chance of having viral infections like COVID-19?

The true risk from this injection is unknown. The potential impact of immune suppression in a patient incubating COVID-19 at the time of injection or in future is not known*.

How do I assess risk vs benefit from a corticosteroid injection in the current scenario?

Conservative management options should be considered as alternatives to steroid injections where possible. A steroid injection is offered if a patient has significant disease activity and/or intrusive and persisting symptoms and there are no appropriate alternatives.

Information for Patients

The risks are higher if you are in a vulnerable group (over the age of 70, diabetes mellitus, ischaemic heart disease, chronic respiratory disease and hypertension), or, extremely vulnerable and are shielding.

It is important that you have had a chance to discuss the risks vs benefits of the injection with your referring doctor.

If I come to the Hospital, will the injection necessarily be done?

You will be assessed by a Consultant Radiologist in Radiology, who will scan and discuss the imaging findings with you. Occasionally there may be findings on the scan which may not warrant an injection or your symptoms may have improved, in which case the injection may not be suitable for you.

What if I choose not to go ahead with the injection at this time?

It is absolutely fine if you choose not to go ahead with a steroid injection and is ok to change your mind at anytime. You should ring the department to let them know if you have chosen not to have the procedure done. If you are in any doubt you will have plenty of time during your appointment to discuss this further with the doctor who will be performing your injection.

To allow the body to mount the best response to COVID -19 vaccine, it is advised the steroid injection be deferred by two weeks after the vaccine. Please let us know if you have had the vaccine less than two weeks prior to your appointment date, or have got a vaccine due within two weeks of the vaccine appointment – in this situation your appointment date will need to be changed.

If prior to your appointment you or anyone in your household develops symptoms that might be related to Covid-19 please do not come into hospital. Ring the booking team on the contact number on your appointment letter and we will rebook your appointment.

In line with government guidance we are doing everything we can to maintain social distancing rules. Please do not come early for your appointment, attending no more than 10 minutes prior to the expected appointment time. If your letter asks you to come early for any preparation please follow those specific instructions.

We thank you in advance for your cooperation in this matter and if you have any questions please contact us.

Yours sincerely
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If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.