Corticosteroid injections

This leaflet will answer some of the questions you may have about corticosteroid injections. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please speak to the doctor, nurse or physiotherapist caring for you. This sheet does not list all of the uses and side effects of the medicines we use – please see the manufacturer’s patient information leaflet that comes with the medicine for further information.

What is a corticosteroid injection?
A corticosteroid (or ‘cortisone’) is an anti-inflammatory medicine, which can be injected directly into the tissues that are causing your symptoms. It is a safer alternative to taking anti-inflammatory medication by mouth. It acts directly in the area injected and is not the same as the steroids taken by bodybuilders or athletes.

What are the benefits – why should you have a corticosteroid injection?
The injection can help to relieve swelling, pain and stiffness caused by inflammation. This may in turn help you to start your rehabilitation and return to normal activities sooner by ‘breaking the cycle’ of pain and inflammation. It can also be helpful to aid in the diagnosis of your condition if it is not clear what is responsible for your pain. You may also have a local anaesthetic injected at the same time, which gives temporary pain relief.

What are the risks?
The possible side effects of the injection are rare and include:

- flushing of the face for a few hours.
- small area of fat loss or change in skin colour around the injection site.
- a temporary increase in pain 24 to 48 hours after the injection. If you experience increased pain for a longer period of time then please contact us for advice.
- patients with diabetes may notice a temporary increase in blood sugar levels. If you have diabetes, you are advised to check your blood sugar levels for three days post-injection.
- temporary bruising or bleeding in the injected area, especially if you are taking antiplatelet medicines (such as aspirin) or anticoagulant medicines (such as warfarin). Please advise the team if you are taking any blood thinning medicines.
- infection: If the area becomes hot, swollen and painful for more than 24 hours, or if you feel generally unwell, you should contact your physiotherapist or doctor immediately. If they are unavailable, you should seek advice from your GP or Emergency Department (A&E).
- slight vaginal bleeding/menstrual irregularities.
• allergic reaction to the drug: This will usually happen immediately so you will be asked to wait for a short time after your injection to check for any reactions. If you have any signs of an allergic reaction after you have left the hospital then please seek medical advice.
• patients with HIV can have side effects if taking certain medications. Before the injection we will ensure that this is the most appropriate treatment.

You should not have the injection carried out if you:
• have any infection in the area to be injected or anywhere else in your body
• are allergic to local anaesthetic or steroids
• feel unwell
• are due to have surgery in that area soon
• are pregnant or breastfeeding
• have poorly controlled diabetes
• do not want the injection.

Are there any other alternatives?
Alternatives to the injection include lifestyle changes, use of anti-inflammatory medicines and physiotherapy. Sometimes, a surgical opinion may be helpful. If you would like more information about these other options then please let us know.

What happens during the injection?
The benefits and risks of the injection will be explained to you in detail. You will then be placed in a comfortable position. The skin is cleaned with antiseptic. A needle is gently positioned into the affected area and the solution is injected through the needle. A plaster will be placed over the site to keep it clean. A few minutes after the injection you will be examined again.

Will you feel any pain?
The injection is not particularly painful as the doctor or physiotherapist is thoroughly trained in this procedure. Sometimes it can be sore for a few hours after the procedure. It is safe for you to continue to take prescribed analgesia during this period.

What happens after the procedure?
If local anaesthetic is also used in the injection, your pain may start to improve within a few minutes; although this may return when it wears off (similar to when you visit the dentist). The steroid usually starts to work after 24-48 hours, but it may take a little longer. The effect of the injection varies from person to person and usually continues to last for about 6 weeks. This does not necessarily mean that you will need a second injection, as long as you follow the advice given to you after the injection.

What you need to do after you go home
Depending on the cause of your pain, you may be asked to rest the area for a short period after the injection. This does not usually mean total rest but refraining from activities that make your pain worse, after which you should try to gradually return to full function. This is to maximize the benefit given by the injection. You may also be shown some exercises to do while you are in the clinic, or referred for physiotherapy treatment.

If you are having other medical treatment within six weeks, you should tell the treating clinician that you have received a corticosteroid injection.
Will you have a follow-up appointment?
You may be asked to attend a follow-up appointment a few weeks after your injection to check your progress. Sometimes, more than one injection is needed and this can be discussed at this appointment.

Coronavirus (COVID-19) and steroid injections
You may be concerned about coronavirus. We are still learning about this new disease and the way it affects patients who are given some of our drugs. At the moment there is limited evidence available on the use of steroid injections during the coronavirus pandemic.

There is a theoretical risk of a steroid injection making a patient more vulnerable to: getting it; having it longer; and experiencing increased complications. Theoretical means that this could be possible but hasn’t been scientifically proven. Therefore, we will only use steroid injections when considered absolutely necessary by your clinician, and when other safer options have been tried. We understand that you may be in considerable pain and discomfort. If this is the case, the potential benefits of a steroid injection may outweigh the potential risks.

If you are at higher risk than others we may suggest delaying the procedure or taking extra precautions, such as self-isolation, on a case by case basis. There is a checklist attached to this leaflet which should be completed prior to your appointment that will help us assess this.

Any risk factors will be reviewed by the clinician performing the injection who will check that it is safe to proceed with an injection, after this you may be advised to self-isolate before and/or after the injection if you have other medical conditions.

You should not attend if you develop or experience a high fever (more than 37.8°C), a persistent cough, or loss of taste or smell. You should not attend if you have recent close contact with a known positive case of coronavirus.

If you are worried about having your injection during the pandemic, please contact your referrer. They can discuss options about a new referral once this period is over or if you reconsider your decision to not have the injection during this period.

Coronavirus vaccine and steroid injections
The coronavirus vaccine consists of 2 doses.

There is a theoretical risk that steroids may reduce the immune response that is stimulated by vaccines, which means the amount of protection might be reduced.

We advise not to have a steroid injection within the 2 weeks before the first dose of the vaccine, no steroid injection between the doses, and you should not have a steroid injection within 4 weeks after the second dose of the vaccine.

If you are planning on having the coronavirus vaccine, we advise not to delay being vaccinated while waiting for a steroid injection. When you are booking an appointment, please inform the staff if you are planning to have, or have already had, the coronavirus vaccine.
Contact us
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**Pharmacy Medicines Helpline**
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748
9am to 5pm, Monday to Friday

**Your comments and concerns**
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)  
**e:** pals@gstt.nhs.uk

**t:** 020 7188 3514 (complaints)  
**e:** complaints2@gstt.nhs.uk

**Language and Accessible Support Services**
If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815  
**e:** languagesupport@gstt.nhs.uk

**NHS 111**
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

**NHS Choices**
Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** www.nhs.uk

**Get involved and have your say: become a member of the Trust**
Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

**t:** 0800 731 0319  
**e:** members@gstt.nhs.uk  
**w:** www.guysandstthomas.nhs.uk/membership

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit, **w:** www.guysandstthomas.nhs.uk/leaflets
Steroid injections and coronavirus – checklist
Please complete this checklist. It will be reviewed by the doctor performing the steroid injection, who can give you more advice if necessary depending on your answers.

**What is your age?** ……………………………

<table>
<thead>
<tr>
<th>Do you have any of the following:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Chronic (long-term) respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis</td>
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<td>Severe chest conditions such as cystic fibrosis or severe asthma (needing admission or courses of steroid tablets)</td>
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<td>Chronic heart disease, such as heart failure</td>
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<td>Chronic kidney disease or on dialysis</td>
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<td>Chronic liver disease such as hepatitis</td>
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<td>Chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy</td>
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<td>Diabetes</td>
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<td>Problems with your spleen, such as sickle cell disease, or you had your spleen removed</td>
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<td>A weakened immune system as a result of conditions such as HIV or AIDS, or medicines such as steroid tablets or chemotherapy</td>
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<td>Clinically obese (a body mass index (BMI) of 40 or above)</td>
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<td>Received an organ transplant and remain on immunosuppression medication</td>
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<td>Undergoing active chemotherapy or radiotherapy</td>
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<td>Any cancers of the blood or bone marrow such as leukaemia</td>
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<td>Pregnant</td>
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<tr>
<th>Do you have any of the following:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Fever</td>
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<td>New persistent cough</td>
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<td>Loss of taste or smell</td>
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<td>Exposure to a known COVID-19 case in the last 14 days</td>
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<td>If you have answered YES to any of the above 3 questions, please enter the date that your symptoms started:</td>
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I confirm that I have read the patient leaflet and have answered the checklist questions to the best of my knowledge.

Patient signature ………………………………………… Date ………………………………………