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Steroid Injections

Steroid injections can be used for joint problems and rheumatoid arthritis. They can also be used for some conditions affecting soft tissues, like tendon inflammation or tennis elbow.

Steroid injections can be very effective but should be used with other treatments. Other treatments may include medicines for pain relief and physiotherapy, depending on the underlying condition. The side-effects from steroid injections are uncommon. However, the injected area may be sore for the first few days after the injection.

What are steroids?

Steroids are chemicals that occur naturally in the body. Steroid medicines can be used to reduce inflammation and are used to treat many different conditions, including arthritis. Steroid injections can be used to reduce inflammation in joints and soft tissues, such as tendons or tennis elbow.

Why are steroid injections used?

A local steroid injection may be given to reduce inflammation and pain in a joint. Steroid injections may be used for people with [rheumatoid arthritis](#) or other causes of joint pain and swelling such as [osteoarthritis](#), [gout](#) or [frozen shoulder](#). Steroid injections may also be used for inflammation of soft tissues, such as:

- Bursitis, [prepatellar bursitis](#), [olecranon bursitis](#).
- Tendinopathies - eg, [Achilles tendinopathy](#) (see also the separate leaflet called [Tendinopathy and Tenosynovitis](#)).
- Tennis elbow.
- Shoulder [rotator cuff disorders](#).
- Trigger points (very localised points of pain in the tissue around a muscle).
- [Ganglion cysts](#).
- Neuromas (small abnormal growths of nerve tissue, usually benign).
- Nerve compression - eg, [carpal tunnel syndrome](#).
- Fasciitis - eg, [plantar fasciitis](#).

The main purpose of the steroid injection is to decrease pain and increase movement and use of the affected area. Steroid injections are usually well tolerated and much less likely than steroid tablets to cause serious side-effects. [See the separate leaflet called Oral Steroids](#).

How do I have local steroid injections and how long do they take to work?

Steroid injections can be given by your doctor (GP or specialist). Most injections are quick and easy to perform but the injection must be given in a very clean (sterile) environment to prevent infection.

You should rest the injected joint for 1-2 days after the injection and avoid strenuous activity for five days. The steroid injection can be repeated if the first injection is effective. However, you should not have more than four steroid injections into the same place in any 12-month period.

How long do local steroid injections take to work?

Short-acting steroid injections can give relief within hours and the benefit should last for at least a week. Longer-acting steroid injections may take about a week to become effective but can then be effective for two months or even longer.

A local anaesthetic may be combined with the steroid in the injection to reduce any discomfort of the injection. If the injected joint or soft tissue is painful after the injection then simple painkillers like paracetamol will help.

What are the possible side-effects of local steroid injections?

Side-effects are very unlikely but occasionally people notice a flare-up of pain in the injected area within the first 24 hours after the injection. This usually settles on its own within a couple of days but taking simple painkillers like paracetamol will help.

Other steroid-related side-effects are rare but may include:

- Infection (**If your joint becomes more painful and hot you should see your doctor immediately, especially if you feel unwell**).
- Allergic reactions.
- Local bleeding.
- Flushing of the skin.
- Rupture of a tendon (if the injection is given directly into the tendon).
- Excessively frequent, repeated injections into the same area can cause the bone, ligaments and tendons to weaken.
- A rise in blood sugar levels for a few days after the injection may occur if you have diabetes.

Steroid injections can occasionally cause some thinning or changes in the colour of the skin at the injection site, especially if the injections are repeated.

When should steroid injections not be used?

Steroids should not be injected when there is infection in the joint or area to be injected or anywhere else in the body. If a joint is already severely destroyed by arthritis, injections are not likely to give any benefit.

If you have a potential bleeding problem or take blood-thinning (anticoagulant) medication (eg, warfarin), the steroid injections may cause bleeding at the site of the injection.

Frequent steroid injections (more often than once every three or four months) are not recommended because of the increased risk of weakening bone and soft tissues in the injected area.

What other treatments should I have?

Steroid injections can be part of your treatment. Depending on the condition being treated, a number of other medicines can be used in the treatment of inflammation of joints, tendons or other soft tissues. Physiotherapy and occupational therapy may also be helpful. Your practice nurse, GP or specialist will discuss your options with you.

How to use the Yellow Card Scheme

If you think you have had a side-effect to one of your medicines, you can report this on the Yellow Card Scheme. You can do this online at the following web address: www.mhra.gov.uk/yellowcard.

The Yellow Card Scheme is used to make pharmacists, doctors and nurses aware of any new side-effects that your medicines or any other healthcare products may have caused. If you wish to report a side-effect, you will need to provide basic information about:

- The side-effect.
- The name of the medicine which you think caused it.
- The person who had the side-effect.
- Your contact details as the reporter of the side-effect.

It is helpful if you have your medication and/or the leaflet that came with it with you while you fill out the report.

Further reading & references

- Cardone DA, Tallia AF; Joint and soft tissue injection. *Am Fam Physician*. 2002 Jul 15;66(2):283-8.
- Lavelle W, Lavelle ED, Lavelle L; Intra-articular injections. *Med Clin North Am*. 2007 Mar;91(2):241-50.
- Stephens MB, Beutler AI, O'Connor FG; Musculoskeletal injections: a review of the evidence. *Am Fam Physician*. 2008 Oct 15;78(8):971-6.





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