Joint and soft tissue injections

Information for patients

Why do I need an injection?
Injections to joints and soft tissue can be very effective in giving pain relief and reducing inflammation. Sometimes injections are given for short term pain relief to aid rehabilitation.

What types of injection are there?
There are three types of injections:
- steroid and local anaesthetic
- steroid alone
- local anaesthetic alone
Steroid is used to reduce pain and inflammation and local anaesthetic will numb the area temporarily.

How quickly will the injection work?
The effect of the steroid is usually seen within a few days, but there may be a gradual improvement over a few weeks.

If a local anaesthetic is used there will be a temporary numbness lasting a few hours.

How long will the beneficial effects last?
This can vary depending on the condition. The effects may last a few weeks to several months, or may resolve the problem.

Are there any side-effects?
Side-effects are rare, but important to be aware of. Here are some examples of possible side-effects:
- **Post injection flare up of pain.** This may last up to 48 hours. Take painkillers, such as Paracetamol if you need them.
- **Infection** is rare, but if you develop any of the following symptoms: swelling, redness, warmth around the injection site, or you feel generally unwell, please contact your GP (or out of hours service).
- **Anaphylactic shock** is an extreme but rare allergic reaction. It usually happens quickly, shortly after the injection has been given. We suggest you wait in the clinic area for 30 minutes after your injection in case you experience an adverse reaction.
- You may develop a **dimple or an area of depigmentation** (discolouration) around the injection site.
• **Facial flushing** may be present for 24 hours after the injection and pre-menopausal females may experience breakthrough menstrual bleeding.
• **Fainting.** A few people feel faint after their injection. This usually settles if you lie down for a few minutes. Please advise your clinician if you have a tendency to faint.

**Are there any reasons why an injection may not be suitable?**

An injection may not be suitable if you have:
• an infection, either at the injection site or a general infection such as flu
• taken a recent course of antibiotics but may still have an ongoing infection
• a known allergy to either local anaesthetic or steroid.

**Are there any reasons why an injection should be given with caution?**

An injection will be given with caution if:
• you have diabetes
• you have a bleeding disorder or you take Warfarin. If you take Warfarin, you will need to bring your yellow book to the appointment, so the clinician can check that your INR level is within the therapeutic range
• there has been any recent trauma (within six weeks) or you have bleeding within your joint
• you take oral Prednisolone or have any medical condition which lowers your immune system.

**Should I be taking things easy after the injection?**

Yes, to gain the most benefit from the injection it is important to follow the advice given, as failure to rest can prevent the injection from working.

Maintain gentle activity for the first week following treatment. Avoid any exercise or activities which have previously worsened your symptoms.

**Can the injection be repeated?**

This depends on the condition and also the response to the first injection. A maximum of three injections can be given over a 12 month period.

**Answers to frequently asked questions**

• A shoulder injection is often less painful than a blood test.
• The injection does not go into bone or tendons.
• Not all injections work, but the majority achieve significant benefit.
• Injections may be preceded by aspiration of the joint or soft tissue. Aspiration is the removal of fluid to reduce the swelling, and to determine if the injection should go ahead. If the fluid drawn off indicates that the injection is not recommended then the clinician will discuss with you what happens next.