

Ultrasound-guided steroid injections in joints and soft tissues

Rheumatology

Patient Information Leaflet

Welcome to The Dudley Group Rheumatology department. This leaflet will provide you with information about what to expect when you come in for ultrasound-guided injections.

Please read the leaflet and then ask the doctor who is going to do the injection any questions you may have.

Why am I having an ultrasound-guided steroid injection?

We use local joint and soft tissue (soft tissues are the tissues surrounding the joints) injections to try to reduce pain due to arthritis or soft tissue inflammation when the pain is not adequately controlled by other measures. Ultrasound guidance may be used when an injection without guidance is technically difficult or did not provide the expected benefit.

How the injection is given

The injection is carried out in the Clinical Research Unit, Russells Hall Hospital. You will be asked to lie down and the joint will be examined by ultrasound. This is painless and does not involve radiation. The area will then be cleaned and marked, then the site will be numbed with some local anaesthetic or a freezing spray. The injection will be given in one of two ways:

- After marking the site to be injected using ultrasound guidance
- **or**
- Using ultrasound guidance during the injection

The method used will be discussed with you during your appointment.

Is there anything that can go wrong with a steroid injection?

There can be no guarantee that the injection will help your symptoms. Side effects following a joint or soft tissue injection are uncommon.

Rare complications include:

- Infection (approximately 1 in 10,000 procedures).
- Bleeding into the joint (usually only a concern in patients on warfarin or similar blood-thinning drugs, see Page 5).
- Allergic reactions to the local anaesthetic used in the injection.
- When a tendon or ligament area of the lower limb has been injected, there have been some case reports of tendon tearing (rupture) following local steroid injections. This is rare and most likely occurs when the pain relief from the injection encourages overuse of an already frail tendon. The ultrasound before the injection will allow some assessment of the health of the tendon to advise whether an injection should not take place.

Occasional adverse effects include:

- The injected area may feel sore for about 48 hours after the injection.
- Some thinning or change of colour of the skin may occur at the injection site after an injection.
- The injection may cause facial flushing and/or interfere with the menstrual cycle.
- People suffering with diabetes may find their blood sugar control is likely to deteriorate for a few weeks.

Side effects such as those seen with regular steroid treatment (e.g. weight gain, osteoporosis) are rare with local steroid injections unless they are given frequently.

After the injection

You will rest in the Clinical Research Unit for about one to two hours. You should not drive yourself home after an injection. If a joint / soft tissue area in the leg was injected, a wheel chair (and if necessary a porter) will be provided to bring you back to the car. It is also advised that you rest the affected joint(s) as much as possible over the following 24 – 48 hours before gently returning to normal activity. Resting the joint(s) may help to achieve maximum benefit from the injection.

When an area next to a tendon or ligament of the lower limb has been injected, it is advised to avoid impact exercise for a period of four weeks.

You may find that your pain is worse after you have had the injection. This should subside over the next few days and you are advised to take analgesia (pain killers) as normal. If the pain persists, you can call the helpline number (at the end of the information sheet), or contact your GP for advice. In the unlikely event that you feel generally unwell after a local steroid injection, you should contact your GP immediately.

Special procedures if you are taking warfarin or similar blood-thinning medication

The risk of bleeding into a joint following a local injection if you are on **warfarin** is very small if your warfarin dose and warfarin blood tests are stable (INR less than three) and there is usually no need to discontinue warfarin prior to the injection.

The anticoagulation clinic will call you to attend clinic approximately one week before your injection to check your warfarin blood test/INR and adjust your warfarin dose if necessary. You will also be asked to attend the anticoagulation clinic on the day of your joint injection before the injection is carried out for a finger prick blood sample. The result from this sample is available in seconds and will be written in your anticoagulation book (yellow book). You will be asked to take the book back to the injection clinic. If your INR is less than three then the injection will be carried out. If the INR is higher than three then the injection will be deferred and your warfarin dose will be adjusted to bring your INR down.

Occasionally, for medical reasons, your warfarin dose is adjusted to run the target INR greater than three. In this situation your doctor will decide on the safest course of action regarding your warfarin doses and INR target around the time of the injection.

If you are on tablets such as Xarelto® (**rivaroxaban**), Pradaxa® (**dabigatran**), or Eliquis® (**apixaban**) or similar for an irregular heart beat (atrial fibrillation), we would advise you to leave at least 24 hours between the last tablet and the injection, to minimise the risk of bleeding into the joint.

If you are on **rivaroxaban** for a deep vein or lung blood clot (deep vein thrombosis or pulmonary embolism) and/or are known to have impaired kidney function, the benefits from having the injection over the risks (bleeding into the joint or further blood clots) are a lot less clear and will need to be discussed with you on an individual basis.

If blood-thinning treatment for this reason is for a limited time only, it would be safest to consider putting off the injection until your other treatment has finished.

If you are allergic to elastoplasts, lignocaine or steroids, or if you have any underlying medication condition e.g. diabetes, high blood pressure, if you are pregnant or if you are taking blood thinning medication such as warfarin, please inform the practitioner before having the injection.

Further information

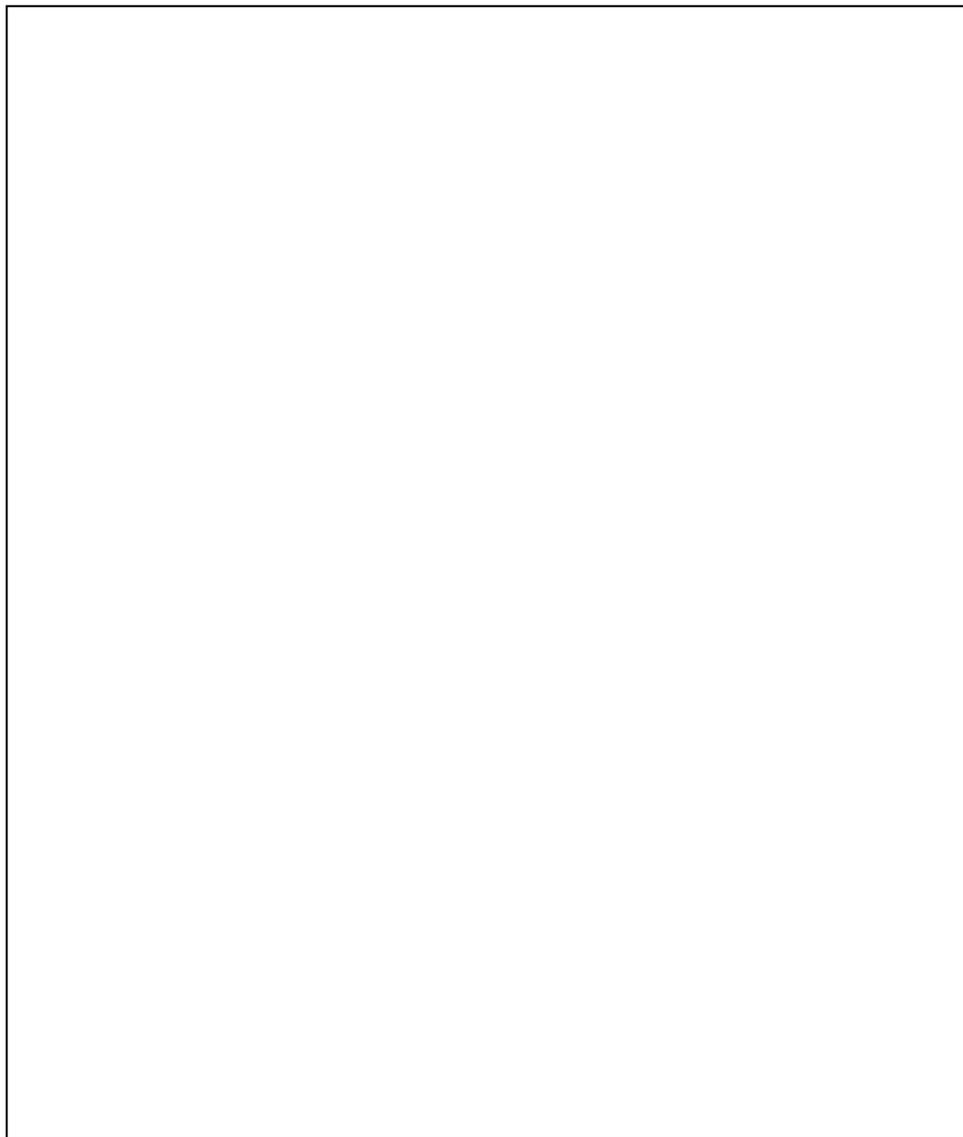
Arthritis Research UK can be accessed at:

- <http://www.arthritisresearchuk.org/arthritis-information>

It has a range of information relating to methods of controlling pain in arthritis.

If you have not had swabs taken to screen for carriage of MRSA since this injection was recommended to you or if you have any other queries, please contact the Rheumatology Helpline on 01384 244789 as soon as convenient.

Please use the space below for any notes you may wish to make and hand it to the receptionist before your appointment

A large, empty rectangular box with a thin black border, intended for the user to write notes. It occupies the central portion of the page.

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिए तो पेशेंट इनफरमेशन को-आरडीनेटर को टैलीफ़ोन नम्बर **0800 0730510** पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરને **0800 0730510** પર સંપર્ક કરો.

আপনি যদি এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটরের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

إذا كنت ترغب هذه الوريقة مترجمة بلغتك الاصلية (اللغة العربية) , فرجاء ا اتصل بمتسق المعلومات للمريض

0800 0730510 على التلغون Information Co-ordinator

مہم ضرورت اس لیفلیٹ کو اپنی زبان (اردو) میں حاصل کرنے کے لئے براہ مہربانی ٹیلیفون نمبر **0800 0730510** پر ویڈیو کنفرینسنگ کو اور ڈیٹیکٹر (مریضوں کے لئے معلومات کی فراہمی کے سلسلے میں) کے ساتھ رابطہ قائم کریں۔

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