

Appendix 6 Patient Information

An example of a Patient Information leaflet for Ultrasound Guided Steroid injections

Introduction

Steroid injections can be a quick and effective treatment for soft tissue conditions, joint pain and inflammation, although the improvement may not be permanent. They're normally given as part of a wider rehabilitation programme. You can discuss the benefits and risks of steroid injections with healthcare professionals before you are referred and/or at the time of the procedure, so you're able to make an informed decision.

What are steroid injections?

Some steroids occur naturally in the human body. Artificial steroids act like natural steroids to reduce inflammation. They're not the same as anabolic steroids used by body builders to increase their muscle size and strength.

Steroid treatment for arthritis and related conditions are often recommended if your joints are consistently very painful or if you need extra pain relief for a time. The injection can reduce inflammation, which in turn should reduce pain.

Steroid injections don't treat the underlying cause of your condition, but they can treat the symptoms.

A number of different steroids are available for injection. Common examples of steroid injections are:

- Triamcinolone
- Methylprednisolone

Some steroid injections start to relieve pain within hours and the effects should last about a week. Your doctor or other healthcare professional might call these short-acting soluble steroids. Other steroid injections take around a week to become effective but can ease your symptoms for two months or longer. These are described as less soluble, because the drug takes longer to get into your system. How quick the treatment works, and how long it lasts will also depend on your condition.

Steroid injections can be given to people of all ages, including children and teenagers with juvenile idiopathic arthritis (JIA). However, steroid injections should be used with care in young people.

How are they used ?

Depending on where the pain and inflammation is, steroids can be injected:

- directly into an inflamed joint, this is known as an intra-articular injection
- into the soft tissues, i.e. a bursa or tendon sheath.

Most injections are quick and easy to perform and do not need any special equipment. They will be carried out by a healthcare professional in a hospital, clinic or doctors' surgery.

Sometimes, the healthcare professional treating you will refer you for an ultrasound guided injection so that the steroid is directed to a very precise spot. This is not always necessary but in certain circumstances may help.

During an ultrasound guided injection, an ultrasound scan is used to find specific joints, muscles or tendon sheaths. An ultrasound scan uses high-frequency sound waves to create an image of part of the inside of a body.

What happens before the injection?

- The injection procedure will be explained and you will have the chance to ask questions. You can delay your decision or decide not to have the injection if you chose.
- The healthcare practitioner will complete a check list before the injection is given to make sure it is safe to carry on with the procedure. You will be asked if you consent to proceed with the injection and may be asked to sign a form.

What happens after the injection?

- Sometimes you'll be given a local anaesthetic with the steroid to reduce the discomfort of the injection. This would mean your pain should be relieved within minutes. The effects of local anaesthetics usually wear off within 2-3 hours, unless you've been given one that is long acting. You may have some numbness from the anaesthetic that could last up to 24 hours.
- You might be advised to wait for 15-20 minutes in the clinic after your steroid injection. If you do have any kind of reaction to the injection, it would be important to be around healthcare professionals.
- You may be advised to arrange transport home after the injection, especially if you're going to have a local anaesthetic, because numbness from the anaesthetic can make it difficult to drive and this may make your car insurance invalid
- Follow-up after the injection will be with your referring clinician.

Possible risks to steroid injections

- Allergy: Allergic reactions are very rare. They are most likely to appear within 20 minutes of the injection. Signs of an allergy include a rash, unusual swelling (face, tongue, throat) or difficulty breathing. If you have an allergic reaction or think you are, urgent medical attention is needed. This is why you may be advised to wait afterwards.
- Infection: There is a very small risk of infection after an injection. Signs of infection include worsening pain or pain lasting longer than 3 days. If you feel unwell or develop a temperature, contact your GP or Healthcare Professional in working hours. You can call NHS 24 out of hours. If you become severely unwell you should attend the Emergency Department. Tell staff about your injection and give them this leaflet.
- You will not be able to have a steroid injection if you already have an infection, particularly if it's in the part of the body that needs treating. Please report any infections to the appointment team prior to the date of your injection
- Tissue weakening: Soft tissues around the injection site may be weaker for a few weeks. There is a greater risk of injury or rupture of the tendon. It's important not to

overdo it for the first two weeks after a steroid injection. There is a small risk that if you exercise a joint too much immediately after a steroid injection you could damage the tendon.

- After this time, it's important to continue with any exercises given to you by your health professional. Start off gently and gradually increase the amount you do. If you're having physiotherapy, your physiotherapist will help you find the right balance between rest and exercise.
- COVID 19: The effect of low dose cortisone injections on your immune system during the pandemic is poorly understood. However, whilst it is accepted that cortisone can affect your immune system and increase your susceptibility of contracting Coronavirus, it is thought that your risk of contracting the virus as a result of the cortisone injection is relatively low.

Possible side effects

Most people have steroid injections without any side effects. They can be a little uncomfortable at the time of injection, but many people feel that this is not as bad as they feared.

- Occasionally people notice a flare-up in their joint pain within the first 24 hours after an injection. This usually settles by itself within a couple of days, but taking simple painkillers like paracetamol will help.
- Altered diabetic control: Steroid injections can cause an increase in blood sugars. Diabetic patients should monitor their blood sugar for 1 week following injection.
- Facial flushing / dizziness: Some patients may notice a red face or dizziness. This can occur within minutes or up to 2 days after injection. It is harmless and does not need medical treatment.
- Injections can occasionally cause some thinning or changes in the colour of the skin at the injection site. This can be temporary or permanent but is only a cosmetic effect.
- Fainting – This can occur for a variety of reasons from raised anxiety levels to a temporary lowering of blood pressure. The clinician will monitor you closely should this happen.
- Bruising or haematoma - Occasionally, there may be some local bleeding into the tissues, though this would be more likely in someone taking aspirin or other anticoagulant drug. If you have your INR measured regularly, please bring your yellow book to your appointment.
- People are often concerned about the possibility of other steroid related side effects such as weight gain. One of the advantages of steroid injections compared to tablets is that often the dose can be kept low. This means that these other side effects are very rare unless injections are given frequently, more than a few times per year.

- Steroid injections can sometimes cause temporary changes to women's periods. They can also cause changes in people's mood – you may feel very high or very low. This may be more likely if you have a history of mood disturbance. If you're worried please discuss this with your doctor.
- Visual disturbance: On rare occasions corticosteroid injections can cause blurred vision or visual disturbance. This requires immediate medical attention.
- There is evidence that having too many steroid injections into the same area can cause damage to the tissue inside the body. Your referring clinician will advise you about the need for further injections.

Can I take other medicines along with steroid injections?

You can take other medicines with steroid injections. However, if you're taking a drug that thins the blood, known as an anticoagulant (for example, warfarin), you may need an extra blood test to make sure that your blood is not too thin to have the injection. This is because of the risk of bleeding into the joint.

You should mention that you take anticoagulants to the person giving the injection. You may be advised to adjust your warfarin dose before having the steroid injection.

Vaccinations

Steroid injections reduce the effect of your body's immune system in the short term. This is how they reduce inflammation. Some vaccines work by giving you a very small dose of a particular disease, so that you then become immune to it. You won't be able to have a steroid injection close to the time you have certain vaccinations. Talk to your healthcare team about when you'll be able to have a steroid injection if you've recently had a vaccination, or if you're due to have one soon.

Alcohol

There's no reason to avoid alcohol after steroid injections.

Government guidelines recommend that men and women shouldn't regularly drink more than 14 units of alcohol a week. It's a good idea to space your units out over the course of a week. Having at least two alcohol-free days a week is good for your health.

Fertility, pregnancy and breastfeeding

Current guidelines state that steroids are not harmful in pregnancy or breastfeeding. Single steroid injections shouldn't affect fertility, pregnancy or breastfeeding and can be useful treatments in these situations. If, however, you're pregnant or breastfeeding, you should discuss it with your doctor before having a steroid injection.

Consent for Steroid injections

Most of your questions should have been answered by the information provided, but remember that this is only a starting point for discussion with your healthcare professional. You should be satisfied that you have received enough information before going ahead.

Consent to Treatment

Before any healthcare professional examines or treats you, they must seek your consent or permission. In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you. You should always ask them more questions if you don't understand or if you want more information.

For this injection you will be given both verbal and written information. The information you receive should be about your condition, the alternatives available to you, and whether it carries risks as well as the benefits. What is important is that your consent is genuine or valid.

That means:

- you must be able to give your consent.
- you must be given enough information to enable you to make a decision.
- you must be acting under your own free will and not under the strong influence of another person.

How much do I need to know?

Some people want to know as much as possible about their condition and possible treatments; others prefer to leave decisions to the experts. No one providing healthcare will force information on you, for example, about the risks of treatment if you don't want to know. But remember, the person in the best position to know what matters most is you.

The majority of healthcare practitioners performing ultrasound guided steroid injections obtain informed verbal consent. Some will require written consent. This discussion of verbal or written content should be documented in the ultrasound report along with the details for the steroid injection performed. The WHO surgical safety checklist completed at the time of the procedure forms part of obtaining that verbal consent. This should also be scanned onto the appropriate Radiology records.