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INFORMATION SHEET FOR PATIENTS FOLLOWING STEROID INJECTIONS

Steroid injections are commonly undertaken procedures, used to help treat a variety of conditions such as impingement in the shoulder, tennis elbow, trigger finger, carpal tunnel syndrome, and arthritis.

WHY DO I NEED AN INJECTION?

The purpose of such an injection is to improve pain, swelling and inflammation. An injection usually gives at least some temporary relief of symptoms but in many circumstances may be curative.

WILL IT BE PAINFUL?

It is likely that the injection itself will be uncomfortable, but the steroid is usually combined with local anaesthetic, which should help keep the pain to a minimum afterwards. In a small proportion of patients, however, the pain may be exacerbated (for up to 48 hours) after the local has worn off.

HOW QUICKLY WILL IT WORK?

This varies between individuals but most people report improvements in their symptoms within 3-4 days, which is when the steroid has begun to take effect.

If local anaesthetic has been used, the pain may be better immediately after the injection but may return when the anaesthetic wears off (after 1 or 6 hours depending on the type of local anaesthetic used).

HOW LONG WILL THE BENEFITS OF THE INJECTION LAST?

Improvement can be maintained for several weeks or months, or even in some cases permanently.

As you are likely to be returning for review, it would be helpful if you can remember how long the injection gave you an improvement, and how much better you were when it was at its best (e.g. 10%, 50% or 90% better).

DO I NEED TO DO ANYTHING AFTER THE INJECTION?

You should avoid things that you know provoke your symptoms for 4-7 days after the injection to allow the tissues a chance to respond to the steroid. If you are due to have physiotherapy within this period you should inform your physiotherapist as they may wish to defer your appointment.

WHAT ARE THE RISKS?

Infection: This is a rare complication, but may be significant if it occurs. Warning signs are redness and swelling of the overlying skin, a significant increase in pain or loss of movement of the joint in question.

Numbness: A temporary loss of feeling to an area of skin (e.g. after a carpal tunnel or trigger finger injection) is not unusual - this is due to the local anaesthetic – but if this persists you should inform your doctor.

Skin changes: After some types of injection (e.g. tennis elbow or around tendons in the wrist), changes to appearance of your skin may develop, such as loss of skin pigment or a depression in the skin (fat necrosis); these changes are likely to be permanent and are an unfortunate side effect of the steroid.

Diabetes: Please advise the doctor doing the injection if you are diabetic as the steroid may affect your diabetic sugar control for the first week after the injection.

If you have concerns about these or other possible complications please contact Mr. Jepson's PA, Michele, or Mr. Jepson on his mobile (if out of hours).

MAY THE INJECTION BE REPEATED?

Opinion varies as to the frequency and number of injections that are safe to give. A reasonable approach is no more than one injection every 2-3 months, with a maximum number of three during any course of treatment.