
Treatment Information

Steroid Injection

Steroids (glucocorticoids) occur naturally in your body and are important for a number of bodily functions. One of their useful properties is their very potent anti-inflammatory effect. Steroids can be artificially made in laboratories and made into drugs, which are used in conditions such as arthritis to reduce inflammation in the joints.

How shall I be given steroids?

Steroids can be taken as tablets or given as injections. Injections can either be given directly into joints when only one or two joints are affected, or into your muscle when you have pain and swelling in several joints.

Injections into joints

It is important to rest the injected joint for 24 hours after the injection to give it a chance to work. The pain and swelling should start to reduce and you may have more movement in the joint within 24 hours of the injection. If there is a marked improvement, it is important not to overwork the joint because this may cause future problems.

Injections into muscle

Intramuscular steroid injections (Deltastab, Depomedrone or Kenalog) are usually given into the top of your thigh or your bottom. The site of the injection may be uncomfortable for a couple of days. You should begin to feel a general improvement in your joints within a week of the injection.

How long do the injections last?

This will depend upon how inflamed your joints are and how well you respond to steroids. Some people find the effects of the injections last for several months.

Are There Any Side Effects?

As with all medication some people may experience side effects. In particular, you should be aware of the following:

1. If a joint becomes unusually painful, hot and swollen following a joint injection, or the site of the injection into your muscle becomes more uncomfortable after 2 days you should contact your doctor in case the injection site or joint has become infected.
2. Women: - Very occasionally steroid injections can upset your periods.
3. Occasionally some thinning of the skin, discoloration and muscle wasting occurs at the injection site.
4. If you are diabetic and on insulin, you will need to check your blood sugars more frequently as you may need a higher dose of insulin for a few days following an injection.

Rheumatology department Patient Information

5. Steroid injections can produce some reddening of the face, or burning of the skin for a few hours - usually the day after the injection. This is completely harmless and will disappear spontaneously.

What tests will I have?

You will not need any special blood or urine tests.

Important Information

If you are planning to have any dental work done within a few weeks after your injection please discuss this with your Rheumatology Practitioner.

Steroids are not recommended for nursing mothers or pregnant women, particularly in the first few month of pregnancy.

Contact Details

If you have any further questions or need advice about your treatment phone the Rheumatology Advice line on

01202 442849.

www.poole.nhs.uk/our_services/rheumatology.asp

For further health-related information, please contact:

The Health Information & Resource Centre

Poole Hospital NHS Foundation Trust

Longfleet Road

Poole

BH15 2JB

Telephone: (01202) 448003

Rheumatology Practitioners

June 2007. Date of Review July 2009

Rheumatology Department, Poole Hospital NHS Trust

Dr. P. Thompson, Dr. S. Richards

We can supply this information in larger print, on audiotape, or have it translated for you. A member of staff will be happy to discuss this with you. Please call PALS on 01202 448499 or the Health Information Centre on 01202 448003 for further advice