

# Steroid injections for joint and soft tissue conditions

Department of Rheumatology  
& Department of Sports Medicine  
Information for Patients

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## Why are steroid injections given for joint and soft tissue conditions?

Steroids reduce inflammation and therefore quickly and effectively help with pain relief. Giving steroids as injections into joints (space between the bones), or into soft tissue closer to the joint, allows the drug to be delivered to the correct place without affecting the rest of the body.

Joint injection can be given safely along with other painkillers and disease modifying agents (e.g. methotrexate / sulfasalazine) prescribed for inflammatory arthritis.

Steroid injections are normally given to reduce pain for inflammatory conditions like rheumatoid arthritis, psoriatic arthritis and occasionally osteoarthritis. Pain relief after an injection is usually temporary lasting for a few weeks to months depending on the degree of inflammation in the joints.

Sometimes excess fluid around the joint may also be removed by injection to reduce swelling and pain.

## What drugs are given in joint injections?

Steroids are the main group of drugs used in joint injections and include:

- **triamcinolone** (Kenalog; Adcortyl; Lederspan) - long lasting
- **methylprednisolone** (Depo-Medrone) - medium acting
- **hydrocortisone** - lasts for a short time

**Local anaesthetics** such as lidocaine and bupivacaine are often used in combination with steroids for fast pain relief.

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## What dose will I receive?

The dose depends on the size of the joint to be injected. The larger the joint, the larger the dose that will be needed. Only a small amount of the drug is absorbed into your blood circulation or the rest of the body, so fairly large doses can be safely given into a particular joint area.

## What happens before and after my injection?

Joint injections are given by a trained healthcare professional. Along with this leaflet, we will explain the benefits and risks of the procedure, do safety checks and take your consent.

You may be advised to have your blood pressure and blood glucose checked before the procedure.

After the injection, you should rest the injected area for at least 24 to 48 hours. You should arrange transport home as you should not drive or do strenuous activities.

You will start noticing benefits of the steroids 48 to 72 hours after the injection.

## Will it be painful?

Steroid injections are quick and easy to perform like a routine blood test. You may experience some discomfort at the time of the injection. Many people find that it is not as bad as they thought it might be.

After the injection, you may notice that the injected joint is more painful over the first 24 to 48 hours as the local anaesthetic wears off. Please take your usual painkillers as directed.

## Can I exercise after my injection?

You must not overuse the joint for the next 4 to 5 days after the injection, even if it feels better. The joint will need time to recover from the inflammation which caused your symptoms.

After 5 to 7 days, please start the joint exercise as advised by your clinician. Exercises are an important part of your recovery. The steroid injection should reduce your pain and allow you to build up muscle strength through exercises in order to overcome your joint problems.

## How often will I have joint injections?

The effect of the injection will vary from patient to patient. Some people get good relief for months or even years; in others it may only last a few weeks. Usually injections are given when symptoms return rather than at regular intervals.

Your doctor will discuss with you whether you should have repeat injections when your symptoms come back. We don't usually give more than 3 steroid injections into the same joint in a year. Repeated injections over a long period of time can damage your joints, as steroids may thin the soft tissue and cartilage in the joint.

## Do joint injections have side effects?

- Most people have steroid injections without side effects.
- A joint injection can lead to an infection as a needle is a foreign object, but this is very rare. If the joint becomes infected it becomes red, painful or hot; you should contact your doctor immediately, especially if you have a fever or feel unwell.
- If you are diabetic, you might see a rise in blood sugar levels for a few days after your injection. Please monitor your blood glucose levels.
- During the procedure there is risk of bleeding or injury to the surrounding tissue. However, these are rare as the procedure is performed by trained staff.
- Rarely, you may experience facial flushing, temporary changes in menstrual periods, some change in mood, some changes to the colour or texture of the skin at the site of the injections.
- People are often concerned about steroid related side effects like weight gain. This is unlikely because the drug is acting mainly around the joint and the dose is low compared to steroid medication taken by mouth (oral).
- There are no particular reasons to avoid alcohol or a planned vaccination after the steroid injections.
- Steroid injections are not harmful in pregnancy or breastfeeding and should not affect fertility.

## When should I cancel my appointment for a joint injection?

You should re-arrange your appointment if:

- you have an active infection.
- you are on antibiotics.
- you are within a few days of a surgical procedure.

## Do I need to stop any of my current medication before the procedure?

If you are on blood thinning medicine like warfarin, newer anti-coagulation, aspirin, clopidogrel please tell the doctor. If you are on warfarin, you may need a blood test beforehand to check your INR (a measurement of how thin your blood is as a result of warfarin), and adjust your dose before the procedure to make sure your blood is not too thin to have injections.

If your INR is too high the procedure may not go ahead.

**If you are on warfarin, you should not take it the day before you are due to have the joint injection (unless you are taking this following a heart valve replacement, in which case it should not be stopped; please contact the department where you are being seen for advice).**

If you have any further questions or need some advice, please contact the number below before your procedure, depending on the department you will be attending:

- **Patients attending the Rheumatology Department** - Rheumatology Specialist Nurse  
Service telephone advice line 0116 258 5264
- **Patients attending the Sports Medicine Department** - 0116 258 8101

If you have any questions write them down here to remind you what to ask when you speak to your nurse/ doctor/ consultant:

[illegible]

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