



AFTERCARE FOLLOWING STEROID INJECTION

INFORMATION FOR PATIENTS



THE SOCIETY OF
MUSCULOSKELETAL
MEDICINE
putting theory into practice

Also Supported by:



Musculoskeletal
Association of
Chartered
Physiotherapists



The Primary Care
Rheumatology and
Musculoskeletal
Medicine Society



& The Faculty of Sport and Exercise Medicine (FSEM) UK

Your steroid injection

You have had a steroid injection to help with your joint or soft tissue problem. Before the procedure, your health professional talked to you about how it helps and what may happen afterwards. This leaflet tells you what you need to know after the procedure.

How does a steroid injection help?

It helps reduce swelling and pain. It helps you move, exercise and sleep better.

How long does it take to work?

It may take a few days to start working. It may help for a few weeks or longer.

What should I know after my injection?

1. Pain

- Some people may feel more pain for a short time. This is called 'post injection flare'.
- It can happen to about 1 in 10 people¹.
- It should get better on its own within 3 days.
- You may use an ice pack for 10 -15 minutes, a few times a day. Wrap it in a moist towel first - never put ice directly onto your skin.
- You can take Paracetamol or any pain medicine you normally use, if you have no allergies.

2. Infection

Infections are very rare. They happen to about 1 in 3,000 to 50,000 people².

Signs of infection:

- Pain lasts more than 3 days or gets worse^{3,4,5}.
- Swelling, redness, or warmth at the area.
- Feeling unwell or having a fever above 38°C.
- You should see a doctor **IMMEDIATELY**, if you think you have an infection.

3. Take it easy

- Rest the area where you had the injection for the first 24 hours^{2,3,6}. This may help the medicine work better. It may also lower the chance of 'post injection flare'³.
- For 2 to 3 weeks, it is important not to overdo it^{7,8}. Start gently and build up a little each time.
- Your health professional can advise how much rest and exercise is best.

4. If you have diabetes

- Your blood sugar may go up for a few days.
- About 1 in 100 people with diabetes may notice changes¹. Some may last up to 7 days⁹.
- Check your blood sugar at home more often for the next 3 days².
- Look for signs like- feeling very thirsty, needing to go to the toilet often.
- Talk to your doctor if you have any concerns.

5. Changes in eyesight

Look for signs like- blurry eyesight or bright light hurts your eyes. Tell your doctor or optician right away¹.

6. Allergic reaction

A very rare allergic reaction called ‘anaphylactic shock’ can happen. But this is very/ extremely unlikely^{10,11}. It is advised that you sit in the waiting room for 20 minutes after your injection.

- If it does happen, it often starts within 20 minutes.
- If you feel unwell during that time, tell the health professional quickly.
- If you get a rash, feel dizzy, or find it hard to breathe after your clinic visit, call 999.

7. Other possible problems^{1,12-14}

- May harm the joint and soft tissues, especially with repeated injections.
- Skin colour may change around the injection, it often goes back to normal.
- Some people may feel different moods for a short time.
- Women may notice small changes in their periods.
- Some people may have a red face for a little while.
- People take blood-thinning drugs may bruise easily. See a doctor if bleed more than usual.
- Some people may be given a steroid card if they have had a lot of steroid medicine or injections.

If you have any further questions, please ask the health professional treating you.

References:

1. Electronic medicines compendium. Patient information leaflet Kenalog intra-articular/ intramuscular injection 40mg/ml Triamcinolone Acetonide. Online access via: [PATIENT INFORMATION LEAFLET \(medicines.org.uk\)](https://www.medicines.org.uk/patient-information-leaflet)
2. Uson, J., Rodriguez-García, S.C., Castellanos-Moreira, R., O'Neill, T.W., Doherty, M., Boesen, M., Pandit, H., Parera, I.M., Vardanyan, V., Terslev, L. and Kampen, W.U., 2021. EULAR recommendations for intra-articular therapies. *Annals of the rheumatic diseases*, 80(10), pp.1299-1305.
3. McMorro, K., Allahabadi, S., Frazier, L., Quigley, R., Serrano, B. and Cole, B.J., 2023. One to Two Days of Rest Is Recommended Before Returning to Sport After Intra-Articular Corticosteroid Injection in the High-Level Athlete. *Arthroscopy, Sports Medicine, and Rehabilitation*, 5(5), p.100763.
4. MacMahon PJ, Eustace SJ, Kavanagh EC. Injectable corticosteroid and local anesthetic preparations: a review for radiologists. *Radiology*. 2009 Sep;252(3):647-61.
5. Cushman, D.M., Kobayashi, J.K., Wheelwright, J.C., English, J., Monson, N., Teramoto, M., Dunn, R., Lash, M. and Zarate, M., 2023. Prospective evaluation of pain flares and time until pain relief following musculoskeletal corticosteroid injections. *Sports Health*, 15(2), pp.227- 233.
6. Chakravarty K, Pharoah PD, Scott DG. A randomized controlled study of post-injection rest following intra-articular steroid therapy for knee synovitis. *Rheumatology*. 1994 May 1;33(5):464-8.
7. Versus arthritis- Steroids injection. Online access via: [Drug information - steroid injections information booklet \(versusarthritis.org\)](https://www.versusarthritis.org/drug-information-steroid-injections-information-booklet)
8. Derendorf H, Möllmann H, Grüner A, Haack D, Gyselby G. Pharmacokinetics and pharmacodynamics of glucocorticoid suspensions after intra-articular administration. *Clinical Pharmacology & Therapeutics*. 1986 Mar;39(3):313-7.
9. Choudhry MN, Malik RA, Charalambous CP. Blood glucose levels following intra-articular steroid injections in patients with diabetes: a systematic review. *JBJS reviews*. 2016 Mar 29;4(3):e5.
10. Jiang, S. and Tang, M., 2023. Allergy to local anesthetics is a rarity: review of diagnostics and strategies for clinical management. *Clinical Reviews in Allergy & Immunology*, 64(2), pp.193-205.
11. Mertes, P.M., Laxenaire, M.C., Lienhart, A., Aberer, W., Ring, J., Pichler, W.J. and Demoly, P., 2005. Reducing the risk of anaphylaxis during anaesthesia: guidelines for clinical practice. *J Invest Allergol Clin Immunol*, 15(2), pp.91-101.
12. Therapeutic injection-therapy in physiotherapy practice. Chartered Society of Physiotherapy (CSP) 6th Edition. Online access via: [PD003 Feb2021 Therapeutic injection-therapy in physiotherapy practice.pdf \(csp.org.uk\)](https://www.csp.org.uk/pd003-feb2021-therapeutic-injection-therapy-in-physiotherapy-practice.pdf)
13. Revised national steroid treatment card (WHC/2021/008). Welsh Government. Online access via: [Revised national steroid treatment card \(WHC/2021/008\) | GOV.WALES](https://gov.wales/revised-national-steroid-treatment-card-whc-2021-008)
14. National Patient Safety Alert – Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults 2024. NHS England. Online access via: [NHS England » National Patient Safety Alert – Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults](https://www.nhs.uk/conditions/national-patient-safety-alert-steroid-emergency-card-to-support-early-recognition-and-treatment-of-adrenal-crisis-in-adults)

Authors: Dr Sharon Chan-Braddock (SOMM, MACP), Matt Daly (SOMM), Dr Nick Livadas (Teesside University)

Expert Panel:

Phil Ackerman, Dave Annison, Dave Baker, Dr Niall Corroon, Professor Andrew Cuff, Andrew Emms, Dr Matthew Grant, Dr Amanda Hensman-Crook, Dr Rob Letchford, Professor Jeremy Lewis, Matthew Low, Gethin Lynch, Dr Anna-Louise Mackinnon, Dr Simon Morris, Dr Tim Noblet, Diane Reid, Yvonne Rimmer, Helen Welch, Nick Worth

NOTES: