

Steroid injections

Steroid injections are also known as cortisone injections, Kenacort injections and corticosteroid injections. This page is about low-dose steroid injections given up to a few times per year.

Steroid injections are used to treat pain in your joints and soft tissue (muscles, tendons and ligaments), including pain caused by inflammation. They're also used for some nerve problems and some tendon problems.

Conditions that are commonly treated by steroid injections include:

- bursitis
- carpal tunnel syndrome
- osteoarthritis
- rheumatoid arthritis
- tennis elbow
- trigger finger.

Steroid injections may provide pain relief for a few months but don't usually cure the problem. Some studies even suggest they may prolong problems. Other treatments, used before or as well as injections, include anti-inflammatory medication, exercises, acupuncture and physiotherapy.

Some GPs can give steroid injections. So can specialists such as orthopaedic surgeons and sports physicians. Radiologists give some steroid injections using ultrasound or CT scans to help guide the needle.

Steroid injections have been widely used for 30 years and health professionals understand their benefits and risks.

If you're pregnant or breastfeeding, tell your doctor before getting a steroid injection.

How steroid injections work

Steroid injections deliver powerful anti-inflammatory medication directly to your painful area. The steroid may take a few days to work but it may help for two months or longer. Usually, you only need one injection, but sometimes you need several injections over several months.

Depending on your condition, your injection will be into your muscle, joint or soft tissue. Local anaesthetic may be mixed with the steroid so that your injected area goes numb. Joint injections are usually not very painful if it's easy to insert the needle into the joint space. Elbow or foot injections are usually more painful because the liquid stretches your soft tissue more in these areas.

Health professionals recommend that you have no more than three or four steroid injections a year in a joint, and they're at least six weeks and if possible three months apart.

Steroid injections are generally very safe.





Possible side effects

Most people have no side effects, but some people have minor reactions to the injection.

- You may have bruising at the injection site. This will fade like any bruise.
- You may have bleeding at the injection site. Pressure with cotton wool or a tissue is all that's needed.
- Injections near the skin can thin the overlying tissue and leave a pale, dimpled area. This will fade over a year or so and isn't painful.
- You might see an increase in blood vessels in the skin around your injection site. These are called spider veins.
- You may absorb a small amount of steroid from your injection site, and it may spread through your body. This can make your face flushed, which can last for a day or two.
- If you have diabetes, you may get a temporary rise in your blood sugar levels. You should monitor your blood sugar levels closely over the next few days.

More serious side effects are very unlikely but occasionally happen. If you're concerned about a reaction to the injection, discuss it with your GP as soon as possible.

Joint infection

A joint infection is very uncommon but is serious. If the pain in your injected area is severe for more than 48 hours, see your doctor immediately. You should also see your doctor immediately if your joint becomes more painful and hot, especially if you feel unwell.

Cartilage and tendon damage

Frequent injections may cause cartilage damage, especially in weight-bearing joints such as your knee. Injections are rarely put into large tendons, such as your Achilles tendon. This is because the steroid may weaken your tendon and increase the risk of it rupturing.

Nerve damage

There is a risk of the steroid injection getting into the nerves near your injection site making them wither and die.

Effects on the rest of the body

Over time, your body absorbs the steroids from the injection. Steroid injections give you a low dose of steroids compared with those taken as pills for medical problems such as asthma. It's possible, although unlikely, that you may have mood changes or other psychiatric reactions following a steroid injection.

Steroid medication can also cause problems with immunity, bones, muscles and skin, but these are highly unlikely with the steroid injections that your doctor gives you.

After an injection

Keep taking all your usual medications unless your doctor tells you otherwise.

Get immunised as usual.

You don't need to change the amount of alcohol you drink after having a steroid injection (though you should stay within the low-risk alcohol drinking guidelines whether or not you've had a steroid injection). Search for "safe drinking" on www.healthinfo.org.nz.

Written by HealthInfo clinical advisers. Last reviewed February 2022.