STEROID INJECTIONS

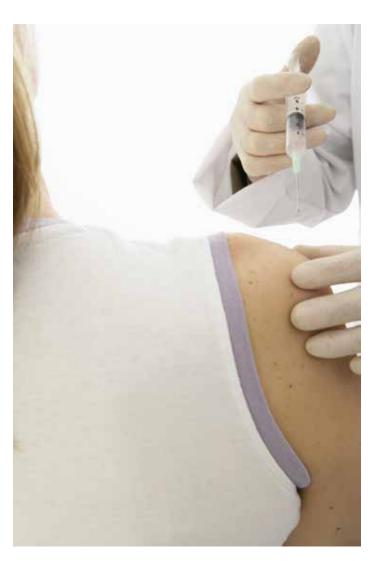


Patient Resource Courtesy of SportsMedToday.com.

What is it?

A steroid injection is a shot, using a needle with medication, which can help decrease pain and inflammation, as well as diagnose injuries. Not only can the decreased pain make the patient feel better, but if the injection takes away the pain, it can help confirm a diagnosis for the physician.

Steroid injections can be performed in several regions of the body including joints, the space surrounding a tendon or other painful areas. Examples of conditions that can be treated with steroid injections include: arthritis, tendinitis and carpal tunnel syndrome. A steroid is a medication that reduces pain and inflammation. The response to steroid injections varies from patient to patient. Some people can get long-lasting improvement, while others may experience short-term improvement.



Procedure Details

Prior to the procedure, the physician will tell the patient about the different risks of the procedure. In general, steroid injections are very safe procedures. The risks are rare, but any injection carries a low risk of:

- 1. Infection This risk is limited by cleaning the skin thoroughly
- 2. Bleeding This risk is limited by avoiding injury to blood vessels in the body
- 3. Increased pain In approximately 1% of patients, the steroid can form crystals and increase pain for 24-48 hours after the injection (called a steroid flare), but this improves with time
- 4. Dimpling of the skin in the area of the injection
- 5. Lightening of the skin in the area of the injection
- 6. Tendon rupture If the steroid is injected into the tendon itself (instead of the area around the tendon), there is a potential risk for tendon tearing with activity
- 7. Allergic reaction
- The patient will give his or her consent if he or she wishes to have the procedure. The physician will then perform the following steps:
- The physician positions the patient to access the painful body part. This is often done with the patient lying down for injections of the leg, or sitting up for injections of the arm
- The physician marks the area where he/she wants to perform the injection and clean the skin.
- Depending on the area to be injected, the physician may numb the skin with a cooling spray in order to decrease any pain from the insertion of the needle.
- The physician inserts a thin needle into the affected area and slowly injects the medication. The medication injected is typically a combination of a steroid and a numbing medication.
- The physician removes the needle and covers the injection site with a band-aid.

Post-Procedure Guidance

- The numbing medication used in the injection may improve the pain immediately, though this wears off after a couple hours. The effects of the steroid may not be felt until 2-5 days after the procedure.
- Sometimes the pain can be slightly worse for 1-2 days. Any
 post-injection pain can be treated with ice and/or overthe-counter medications such as ibuprofen, naproxen, or
 acetaminophen.
- If you have swelling, redness or fever following the procedure, please contact your physician because this could indicate a possible infection.

STEROID INJECTIONS

 You are allowed to take a shower immediately after the injection, but make sure to dry the area thoroughly afterwards.

Return to Play

Generally, patients should refrain from strenuous activity for several days after injection, especially if they had an injection near a tendon, to prevent risk of tendon tearing. Your physician will tell you exactly how long he or she wants you to wait before resuming your usual exercise.

AMSSM Member Authors: Sumit Bassi, MD and James Newman, MD

References

Cardone DA, Tallia AF. Joint and soft tissue injection. *Am Fam Physician*. July;66(2):283-8.

Foster ZJ, Voss TT, Hatch J, Frimodig A. Corticosteroid injections for common musculoskeletal conditions. *Am Fam Physician*. Oct;92(8):694-9.



AMSSM is a multi-disciplinary organization of sports medicine physicians dedicated to education, research, advocacy and the care of athletes of all ages. The majority of AMSSM members are primary care physicians with fellowship training and added qualification in sports medicine who then combine their practice of sports medicine with their primary specialty. AMSSM includes members who specialize solely in non-surgical sports medicine and serve as team physicians at the youth level, NCAA, NFL, MLB, NBA, WNBA, MLS and NHL, as well as with Olympic teams. By nature of their training and experience, sports medicine physicians are ideally suited to provide comprehensive medical care for athletes, sports teams or active individuals who are simply looking to maintain a healthy lifestyle. Find a sports medicine physician in your area at www.amssm.org.