**Information Regarding Your Steroid Injection**

**Aims**

* To suppress the pain and swelling to the inflamed joint or area.
* To break down or reduce the formation of scar tissue.
* To give the steroid injection the best chance of been effective in the long term you must listen to the advice given. Especially regarding changing your footwear, modifying your activities, performing stretching exercises and using and foot supports that you may have been given.

**On the day of your injection**

* You must have someone to drive you home as your foot will be partly anaesthetised.
* We recommend you rest the foot for the remainder of the day. If you job or activities entail you standing/walking for long periods of time we also recommend you rest the following day as well. This ensures the steroid remains in the area it was placed.
* You will be given a local anaesthetic injection to numb the area before the steroid injection is given. This will leave the area numb for about 2-6 hours.

**After the injection**

* When the anaesthetic wears off the area is likely to be as painful as before or even a little worse. To help with this discomfort or pain you can do the following two points. The first is to use your preferred painkiller. Commonly this will be Paracetamol or Ibuprofen, however do not use these if you are already taking painkillers (analgesics) prescribed by your GP. The second point is to use an ice pack (a disregarded packet of frozen peas). Place the pack, wrapped in a damp tea towel, over the area for ten minutes. Remove it for ten minutes and then reapply for ten minutes. This can be done every hour.
* The steroid starts to work over a 2-3 day period and continues for a few weeks thereafter.
* Even if you feel a reduction in pain or complete loss of pain **you** **must continue to rest the area as much as possible for 3 weeks.**

 **This is because the steroid has suppressed the symptoms, but the area still has to heal itself.**

**Adverse reactions following a steroid injection**

 The following responses **may** occur after a steroid injection. They are a trade-off for the benefits that the steroid injection is intended to provide.

* **Post Injection “Flare”.** If the steroid has been injected into a joint, the joint may become more painful over the following 3-4 days. This “flare” will settle. However if it continues and the joint become hot, red and swollen you should contact the department or your GP, as very rarely the joint can become infected.
* **Skin de-pigmentation** and subcutaneous fat atrophy is relatively common especially if the injection needs to be placed just under the skin. The small area of skin becomes “whiter” and a little thinner and you may develop a dimple at the injection site. Although this is nothing to worry about it may be described as unsightly.
* **Facial flushing** may occur during the first 24-48 hours. Although uncomfortable/embarrassing it will disappear.
* **If you are a diabetic**, you may find a temporary fluctuation in your blood sugar levels. This is usually mild and lasts 7-10 days after which your control should return to normal.
* **If you are post-menopausal**, you may experience “spotting” i.e. unexpected bleeding from the uterus. The steroid can temporally reactivate your “dormant hormones”.