

Imaging Department

**Aintree Site**

Lower Lane, L9 7AL Tel: 0151-525-5980

**Royal Site**

Prescot Street, L7 8XP

**Broadgreen Site**

Thomas Drive, L14 3LB

**Royal & Broadgreen Tel: 0151-706-2000**

# Imaging Guided Steroid Injections

## Introduction

This leaflet tells you about the procedure known as imaging guided steroid injections, explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your Consultant or family doctor (GP), but can act as a starting point for such a discussion. You will have a chance to ask questions and you should have had sufficient explanation before your injection.

## What is a steroid injection?

Steroid can be injected into joints, around tendons or nerves. It is usually done for pain control and occasionally to reduce inflammation. This is done through the skin using image guidance with ultrasound, CT or x-ray machine (fluoroscopy). If the injection is done with CT or fluoroscopy, a contrast dye containing iodine may be used to confirm correct needle position.

## Why do I need it?

Your doctor referred you for a steroid injection, which may help reduce your pain or help the doctor find the cause of your symptoms.

## Important

**If you have any allergies, you must let your consultant and the radiologist know.**

## How is the procedure done?

The procedure will take place in the X-ray department.

The radiologist will decide on the most suitable point for performing the injection.

The radiologist will keep everything sterile, your skin will be cleaned with antiseptic and a sterile drape will be placed on you.

The radiologist will inject local anaesthetic (numbing medicine) into your skin, this may sting initially but it will numb the area quickly. You may be able to feel touch and pressure during the procedure, but you should not feel sharp pain.

If you do feel sharp pain, let the radiologist know and more local anaesthetic can be given.

You may feel some fullness as the joint is filled with steroid and local anaesthetic. If you are getting an injection around a nerve, occasionally you may feel shooting pain which is temporary.

After the procedure, a sterile dressing will be applied over the injection site.

## What are the risks?

If you are on anticoagulants (medication to thin the blood like warfarin, clopidogrel or aspirin) the small risk of bleeding is slightly raised but the radiologist performing the procedure will ensure that any bleeding has stopped before you leave the department. Although there is a small theoretical risk of infection, the procedure is done with a sterile technique and the risks are very minimal.

There is a very small risk that the local anaesthetic used may occasionally cause side effects such as blurred vision, dizziness or drowsiness but the amount used is very small.

If you are getting an injection into your hip or back, your leg may feel heavy, numb or weak – **you must not drive home**. This should improve as the local anaesthetic wears off.

## Special considerations during the SARS-CoV2 (COVID-19) pandemic

There is a small risk that steroid injections can temporarily reduce the immune system that can last from seven to forty days and as a result may be an increased risk with COVID-19 infection. This is not guaranteed to happen, but the risk cannot be eliminated.

You should discuss carefully with your consultant or GP the benefits vs risks of both attending hospital (increased exposure risk) as well as temporary immunosuppression, especially if you are a vulnerable patient in the high risk group.

If you do decide to go ahead, then **you are advised to self-isolate for 14 days before the steroid injection**.

If you have significant health problems and/or in a high risk group (for example over 70 years old) you may decide to isolate for a further period after the injection.

If you are unwell or prefer to defer your injection, please contact the Imaging department on Tel: 0151 706 2730 (Text phone number: 18001 0151 706 2730) and let your consultant or GP know.

## After the procedure

**If you are getting an injection into your hip or around the nerves in your back, you must not drive home. Please arrange for someone to take you home after the test.**

It is normal to have discomfort in the joint for up to 2 days, you may take over the counter painkillers such as paracetamol.

If you feel unwell, have fever and chills, skin changes or severe pain after the injection despite taking painkillers, please see your doctor or ring the telephone numbers below for advice. Out of hours please contact your doctors (GP) surgery or NHS 111.

**If the pain is severe and you have been unable to obtain advice from your GP or NHS 111 please attend your nearest Emergency Department (A&E Dept).**

You may keep a pain diary to record your pain relief and activity levels. This may help your consultant or GP decide on further treatment.

## Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

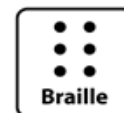
## Further information

### Imaging Department

Tel: 0151 706 2730(for Royal site), 0151  
529 8988(for Aintree site)  
Text phone number: 18001 0151 706  
2730

### NHS 111

Tel: 111



### **If you require a special edition of this leaflet**

This leaflet is available in large print,  
Braille, on audio tape or disk and in other  
languages on request. Please contact:

**Tel No: 0151 529 2906**

**Email: [interpretationandtranslation  
@liverpoolft.nhs.uk](mailto:interpretationandtranslation@liverpoolft.nhs.uk)**