



## Diagnostic Imaging

# Ultrasound Guided Steroid Injections

### Information for Patients undergoing an Ultrasound Guided Injection

This leaflet tells you about the procedure for Ultrasound Guided Injections. It explains what is involved and what the possible risks are.

#### **What is an Ultrasound Guided Steroid Injection?**

Steroid injections are used to reduce pain and inflammation. The steroid injection is often accompanied by an injection of local anaesthetic. The injection may be into a painful joint, bursa (fluid filled pockets), around tendons or into the tendon sheath. Ultrasound is used to guide the injection accurately into the area of concern, to ensure an optimum result is obtained.

#### **Who will be performing the procedure?**

The injection will be performed by a Radiologist or advanced practice Sonographer.

#### **Is there any preparation?**

There is no specific preparation for your injection, but you should advise the Radiologist/Sonographer performing the injection if there is a chance you may be pregnant, are taking any blood thinning medication i.e. warfarin or aspirin, and also if you are a diabetic, as the steroid injection may temporarily alter your sugar levels.

#### **What happens during the Ultrasound Guided Injection?**

The Radiologist/Sonographer will firstly identify the area for injection using ultrasound. You will be either lying on the examination couch or sat in a chair. Your skin will then be cleaned with a sterile solution. Local anaesthetic is usually injected first; however on some occasions the local anaesthetic may be combined with the steroid solution. The local anaesthetic provides short term pain relief. There may be more than one injection depending on the area being treated.

#### **How long will it take?**

The whole procedure usually lasts around 30 minutes.

## **What happens afterwards?**

If local anaesthetic has been used, you may be pain free for a few hours afterwards. Once the local anaesthetic wears off there may be a short period of increased discomfort until the steroid fully takes effect.

Depending on the type of injection, you may not be able to drive for between 4-6 hours after the procedure. You may therefore need to arrange for someone to drive you home.

## **After care advice:**

Post injection, it is recommended that you rest for the remainder of the day as this will allow the steroid to act fully on the intended area. Build up slowly to normal activities over the next few days and maintain any physiotherapy. Keeping a pain diary over the next two weeks will help your clinician determine the success of the steroid injection when you next see them in clinic.

## **What are the risks and complications?**

There is a small risk of infection following any injection. If you experience redness or swelling around the injection site, or a high temperature, you should see your GP or attend A&E and explain you recently had an injection.

- Female patients may notice their menstrual cycle is slightly irregular for a few months after a steroid injection.
- Diabetics should closely monitor their blood sugar levels for 5 days after the injection.
- Facial flushing occurs in 5% of patients and lasts approximately 48 hours.
- For repeated superficial injections there is a small risk of skin depigmentation (lightening of the skin) at the injection site.

## **Consent**

The procedure will be explained to you and you will have the opportunity to ask any questions you may have. Risks, side effects and after care will be discussed and you will be asked to give your written consent to the procedure.

## **Finally**

We hope that you have found this leaflet useful. If you have any questions or you are worried about anything please discuss it with your referring consultant or your family doctor (GP).

## About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



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