

**Patient
Information**

Advice following your child's joint injection

Introduction

This leaflet gives you information about the intra-articular steroid injection your child has been given and what to expect afterwards.

Intra-articular steroid injections

Steroid injections given into the affected joint can be a rapid and effective treatment for joint pain and inflammation. The steroid injections are often used alongside other treatments, such as medication and physiotherapy.

Before the steroid injection is given, the area around your child's affected joint will be numbed with a local anaesthetic injection. The numbness will last about 1 to 2 hours.

Improvement is often seen within 1 to 2 days, but it may take up to 2 weeks to become noticeable.

The length of time the joint injection lasts can vary.

In rare cases a steroid joint injection can have minimal or no effect so further treatment may be required.

Following your child's joint injection

- The injected joint may be uncomfortable for a few hours after the injection. Your child may also have a temporary increase in pain.
- Often the smaller joints cause more discomfort.
- Your child should continue to take regular pain relief for up to 48 hours after the procedure. The pain relief medication should be gradually reduced over a few days then stopped when your child no longer needs it.
- Your child will need to rest the injected joint for 24 hours; this usually requires a day off school. After that they can begin to move as normal but should avoid vigorous exercise such as PE or sports for a further 24 hours.

Reference No.

GHPI1674_10_24

Department

Paediatrics

Review due

October 2027

Patient Information

- For the full benefit of the steroid injection to be gained, it is recommended that your child is seen by your local physiotherapist as it may take a while for them to regain full strength and range of movement.

Contact information

If you notice any swelling, redness, heat or your child has worsening pain around the injection site, please contact the Paediatric Rheumatology Nurse Specialist on **07580 931 230** or the Paediatric Day Unit on **0300 422 8452/8453** for advice.

Out of normal working hours, please contact NHS 111 for advice.

Content reviewed: October 2024

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

AQUA
Advancing Quality Alliance



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>