Gloucestershire Hospitals
NHS Foundation Trust

X-ray or ultrasound guided steroid joint injections

the **Best Care for Everyone**
care / listen / excel

Introduction

This leaflet gives you information about having a steroid joint injection and explains what the procedure involves.

What is a joint injection?

Steroid joint injections are given to reduce pain and swelling in arthritic joints. They are used to treat arthritis and some soft tissue disorders.

Why do I need a steroid joint injection?

Steroid joint injections are offered to patients who have arthritis or soft tissue diseases which have not responded well to other types of treatment including pain relief, physiotherapy and splinting.

Steroid injections cannot treat the cause of your condition, only the symptoms. How quickly the treatment works and how long it lasts will depend on your condition.

What does the procedure involve?

On arrival to the Radiology Department, you will be asked to change into a gown. You will then be taken in to a room where the radiologist will explain the procedure and answer any questions you may have. You may then be asked to sign a consent form confirming that you agree to have the steroid joint injection.

Sometimes, we use ultrasound or X-rays to make sure we inject directly where the steroid is needed.

The skin around the joint will be cleaned with an antiseptic solution before the steroid is injected.

Steroids can be injected directly into an inflamed joint, this is known as an intra-articular injection; into the soft tissue close to the joint, which is called a peri-articular injection; or into a muscle, which is called an intra-muscular injection.

Please contact the department if you have an allergy to steroids or local anaesthetic as you may not be suitable to have the injection. The telephone number can be found on your appointment letter.

Rashes and broken skin may also mean the injection has to be delayed.

Are there any risks involved?

If you are taking blood thinning medication such as warfarin or rivaroxaban, please let your referring doctor know. They will advise you whether or when you need to stop these medications. However, if you need further advice about stopping medication, please contact the department before the procedure date.

Most people have steroid injections without any side effects.

Some patients may experience facial flushing after the injection or itching at the injection site. These symptoms should settle within a few days.

Skin changes can happen, you may see some thinning or discoloration of the skin at the site of the injection.

This is called de-pigmentation and may take a while to fade; sometimes this is permanent.

You may notice a flare-up in the joint, with increased pain for the first 24 hours after an injection. This usually settles by itself within a couple of days, but taking simple pain relief such as paracetamol will help.

Steroid injections can sometimes cause temporary changes to women's periods. If this lasts for more than one cycle, please contact your GP.

Infection is a rare complication. This would usually present as redness around the joint and could be painful. You may also be generally unwell with a raised temperature. If this happens you must seek urgent medical attention at the nearest Emergency Department.

If you are taking blood thinning medication you may have bleeding or bruising around the injection site.

There is the risk of an allergic reaction to the steroids. Very occasionally this can be severe and life threatening. If you suddenly develop any wheezing, difficulty in breathing, swelling of the face or tongue, rash, vomiting or feeling very unwell seek urgent medical help.

What happens after the injection?

You will be asked to stay in the departmental waiting room for 10 minutes or so to make sure you are safe before you are allowed to go home. Try to avoid strenuous activities for a couple of days to allow the medicine to work.

You are advised not to drive after having a steroid injection so please arrange for someone to take you home.

The effect of the local anaesthetic will last for 1 to 2 hours after the injection. The steroid will take longer to start working; sometimes it can be 1 to 2 days after the injection before you start to feel better. While you are waiting for the steroid to work you can take simple pain relief such as paracetamol or use cold packs.

After the injection, we would hope that you feel more comfortable for at least 3 months but this can vary in each person. Your doctor will reassess your pain and discuss future treatment options at your next clinic appointment. This appointment will have already been arranged by your referring physician.

Contact information

If you have any questions or concerns, please contact the Radiology Department on the number shown on your appointment letter, Monday to Friday between 9:00 am and 5:00 pm.

Your GP may also be able to provide information and support.

Content reviewed: September 2025

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 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

Right Care
Shared
Decision Making
Programme

NHS **https://aqua.nhs.uk/resources/shared-decision-making-case-studies/**

Cheltenham Gloucester HOSPITALS CHARITY
Registered Charity 1051606

Every donation you choose to give helps your local hospitals do more to care for you, everyone you love and our passionate NHS staff.
If you would like to find out more, please contact:
Charity Office **0300 422 3231** or visit **gloshospitals.nhs.uk/charity**

GHPI1560_09_25
Department: Radiology
Review due: September 2028
www.gloshospitals.nhs.uk