RHEUMATOLOGY
IN GOOD HANDS • EZANDLENI EZIKHATHALAYO • IN GOEIE HANDE
UNIVERSITY OF CAPE TOWN

Peripheral Joint and Soft Tissue Injection

Joint injections or aspirations are used to pull fluid out of a joint and also inject medications to reduce the inflammation in the joint or structures near joint including tendon sheaths and bursas

What is injected?

Corticosteroids (methylprednisolone, a long-acting steroid medication) are anti-inflammatory agents that reduce the inflammation in the joint space.

This corticosteroid is usually mixed with local anesthetic which gives immediate relief from the burn of the injection.

How is the injection done?

After the skin surface is thoroughly cleaned, a needle attached to a syringe is placed in the joint. Sometimes joint fluid is removed before the steroid is injected (called aspiration), and then the steroid is injected into the joint.

How long do steroid injections last?

The local anaesthetic effect of the injection wears off after a few hours and you may feel some pain. Steroids themselves take about 2-3 days to work so there is usually a gradual reduction in symptoms in the early days following a steroid injection. The duration of the effect of steroids is difficult to predict. Some injections may last weeks or months while others only last days.

What are the risks and complications?

Intra-articular injections are a relatively safe procedure. However, as with any procedure, there may be certain risks and complications such as:

- ***Infection* in the joint** is the major concern
- Pain or swelling at the injection site – this usually settles in 24-48 hours
- Nerve Injury
- Bleeding can happen if you are taking blood thinners and INR is not controlled

Might there be any reason I can't have corticosteroid injection in a joint?

Generally, a joint can only be injected every 4 months – there may be a risk of joint damage if injections are given more often. We also avoid injecting more than 4 joints on the same day. The best results from joint injections are those done with joints that are swollen and tender – so we may suggest not injecting a painful joint if we don't find swelling.
Because of the risk of introducing infection into the joint, we avoid joint injections if there is skin infection/cellulitis/active psoriasis around the joint. We can't inject joints with a prosthesis (joint replacement).
We are cautious about injecting a joint if there is an underlying severe bleeding tendency.You can take these injections if you are using blood thinners (like warfarin) as l9ong as your INR is controlled (less than 3).
You can take steroid injections if you are pregnant or breastfeeding.

After injection care

- Avoid strenuous activities for 1-2 days
- Apply ice packs (or ice or frozen peas wrapped in a towel) on the injection site for comfort
- Rest the joint (use a splint if you have one)
- Continue your usual medications
- Gentle range of motion exercises are recommended

If you are diabetic monitor sugars closely in the first 2-3 days

If you have severe pain, redness or worsening swelling or fever we worry about septic arthritis (infection in the joint). Please contact us at the Clinic or come to casualty.

Phone during clinic times ((021) 404 5394 (Friday) or 5313 (Thursday)