Royal Cornwall Hospitals
NHS Trust

Steroid injections into the hand

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Who is this leaflet for?

This leaflet is for patients who are considering having a steroid injection under the care of the Advanced Clinical Practitioners in the Elective Hand Clinic. It aims to help you make an informed decision about your treatment.

Why do I need this?

Steroid injections can help to determine the source of pain or to improve pain if you have suspected or proven hand problems. The steroid works locally either within a joint or around a specific soft tissue in the hand. It helps to reduce the inflammation which causes the pain associated with your hand condition. By reducing the pain, it can help you to complete exercises to strengthen muscles around a joint, or to begin to use muscles that have become weak due to your pain.

The relief of symptoms may last for a few hours to a few months. For some patients, it may not offer any relief at all.

Steroid injections can be used in the diagnosis and/or management of the following conditions:

- Osteoarthritis of the thumb base
- Osteoarthritis of the small joints of the fingers and thumb
- Osteoarthritis of the wrist joint
- Carpal tunnel syndrome
- DeQuervain's tenosynovitis
- Trigger finger / thumb.

What does it involve?

These injections can either be performed by a qualified technician in the Hand Clinic, or as a day case procedure in a treatment room or operating theatre.

If performed in the Hand Clinic

The injection will take place using a sterile technique. A needle is inserted into the joint or close to the specific soft tissue to allow for the injection of therapeutic substances (either a steroid or a mixture of steroid and local anaesthetic). The procedure should take less than 10 minutes. You may be asked to wait in the clinic waiting room afterwards for a short period of monitoring.

If performed as a day case procedure

The injection will take place using a sterile technique but will also use X-ray guidance to guide the needle into the joint. This will allow for the injection of therapeutic substances (either a steroid or a mixture of steroid and local anaesthetic). The procedure should take around 10 minutes. Please allow 2-2½ hours at the hospital to allow for any delays and a period of monitoring following the procedure.

Very occasionally the procedure may involve taking a fluid sample, which may be sent to the hospital laboratory for analysis.

What happens after the injection?

If a local anaesthetic is used, this may provide pain relief immediately – this will only last for a few hours. The amount of pain relief you experience can provide important diagnostic information, so please keep a diary if you can. After the local anaesthetic wears off, you may experience a temporary increase in pain. This is due to the invasive nature of the procedure and the steroid itself. This is often known as a 'steroid flare' and can last several days. Following this, you should notice an improvement in your pain.

It is important to avoid any strenuous activity in the first 48-72 hours following your injection, but you can return to routine activity as soon as possible.

What should I look out for?

If you experience severe pain, along with increased redness and / or swelling around the injection site, it is important to seek medical advice as soon as possible. Although very rare, these symptoms may be a sign of infection, and may also be accompanied by a raised temperature and a general unwell feeling. You can contact us for advice on 01872 253438, go to your local Minor Injuries Unit, or call NHS111.

Will I need any follow-up?

Depending on the type of injection performed, you will be offered either a face-to-face or telephone follow up appointment, or a one-year Patient Initiated Follow Up appointment.

What are the possible risks or complications?

Risks associated with local steroid injections to joints or soft tissues are low, but very rarely complications can occur. These include:

- allergic reaction to the substances injected (steroid or local anaesthetic)
- infection
- post-injection flare up of symptoms
- injury to nerves (this could lead to numbness, pins and needles and weakness)
- injury to blood vessels (this could lead to bruising and bleeding)
- tendon rupture (if near a tendon)
- altered control of blood sugar (diabetic patients may find it harder to control their levels for a few days to weeks and should monitor them closely)
- skin depigmentation
- fat atrophy leading to skin dimpling
- facial flushing
- pain during the procedure

- temporary changes in mood (such as becoming aggressive, irritable and / or depressed)
- menstrual irregularity for a few months.

To minimise these risks, it is important to inform us if you:

- have diabetes
- have had previous 'reactions' to injected substances (such as local anaesthetic at the dentist or previous joint injections)
- are immuno-compromised
- take blood thinning medication
- are pregnant or breastfeeding. If you are unsure whether you may be pregnant, you should have a pregnancy test prior to the procedure.

These factors do not always mean that injections are not possible, but it is very important that the clinical team are aware.

It is not possible to perform a steroid injection if you have an active infection in any other part of your body or are currently taking a course of antibiotics for an unrelated condition. You will not be able to have a steroid injection until the infection has been fully treated and you have completed the course of antibiotics.

Please inform the clinical team if you have had or are due to have any immunisations / vaccinations in the four weeks prior to and four weeks after the procedure. This includes routine vaccinations for flu and Covid-19.

Any questions?

If you have any further queries, please contact the In-Patient Booking Co-ordinator for Hands:

Lynn Hewins 01872 253438

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

RCHT 3029

Printed 09/2024 V1 Review due 09/2027