Royal Cornwall Hospitals
NHS Trust

Intramuscular steroid injections

Information for Rheumatology patients









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Who is this leaflet for?

This leaflet is for patients who are having intramuscular steroid injections (also known as IM steroid injections). It aims to answer some common questions and explains what to expect, and the possible side effects. Please ask if you have any questions or need any further information.

What are intramuscular (IM) steroid injections?

Steroids are medicines which reduce inflammation. This can help to relieve pain, making it easier to cope with your daily routine and reduce the need for you to take painkillers. The steroids used for these injections are different from the anabolic steroids used illegally by some people to increase their muscle mass.

The steroid most often used for IM steroid injections is methylprednisolone. Another steroid, triamcinolone, is sometimes used.

When are IM steroid injections used?

You might be offered an IM steroid injection if you have recently been diagnosed with inflammatory arthritis. This will provide relief from your symptoms while you are starting other medicines such as methotrexate.

IM steroid injections are also used when you are having a flare in your arthritis symptoms. During a flare you might have increased swelling, pain, and stiffness in your joints. There are other things you can do when having a flare, which you should try before having an IM steroid injection:

- painkillers – starting with paracetamol
- non-steroid anti-inflammatory medicines (NSAIDs) – for example ibuprofen or naproxen. These are available as tablets that can be taken by mouth or as gels that are rubbed into the painful joints
- hot or cold compresses – for example, hot water bottles, wheat bags, ice packs
- heat rubs, for example Deep Heat.

Always read the information on the package of any medicines and ask your pharmacist for advice.

It is also important to keep your joints moving as much as possible to avoid them becoming more stiff and painful then they already are.

IM steroid injections should only be given if you have active arthritis – they should never be used as a precaution.

Who can have IM steroid injections?

As with all medicines, IM steroid injections may not be suitable for everyone. The healthcare professional giving you the injection may recommend them if the benefits outweigh the risks.

You may not be able to have a steroid injection if you already had one in the last twelve weeks, or more than three in the last 12 months. If you have had an allergic reaction to steroids in the past this would need to carefully be considered.

Extra care is needed if you have recently had or are about to have any vaccinations, are trying for a baby, pregnant, or breastfeeding, have conditions such as diabetes, epilepsy, high blood pressure, glaucoma, or liver, heart, and kidney problems. If you are taking steroid tablets then you may need further assessment or a temporary change to your usual medication.

You cannot have an IM steroid injection if you have an active infection or are on antibiotics. If you are due to have an operation in the near future please let us know so we can advise you.

How are they given?

IM steroid injections are usually injected into the large muscle on the outside of your thigh. You will be asked to remove clothing covering your thigh. You may be asked to sit or lie on a couch. The area will be marked and cleaned with an alcohol swab to sterilise it. As with most injections, you may feel a pin-prick sensation as the needle is inserted. You might feel a stinging sensation as the medication is injected but this usually only lasts a few minutes. The injection site will be covered with a dressing which should be kept dry and left in place for 24 to 48 hours after the injection.

How long do they take to work?

Steroid injections usually take a few days to start working, although they sometimes work more quickly.

What should I do afterwards?

Following your injection you should be able to carry on with your usual day-to-day activities. It is important to keep your joints moving as much as possible.

How long will the injection relieve my pain for?

This can vary but usually lasts from a few weeks to several months. Unfortunately some people will find that the injection does not help their pain or joint swelling.

What are the possible risks or side effects?

Short-term side effects of IM steroid injections can include:

Very common (may affect more than 1 in 10 people)

- Bleeding at the injection site
- Bruising, which may last for up to 7 days
- Discomfort around the injection site – this is usually short lived and can be relieved with an ice pack or simple painkillers such as paracetamol

Common risks (may affect between 1 in 10 and 1 in 100 people)

- Feeling faint, sick (nausea) or fainting – it may help to have a light meal or snack
- Temporary flushing of the face or body with redness and heat, this usually settles within a few days

Uncommon and rare risks (may affect between 1 in 100 up to 1 in 10,000 people)

- Infection – you are at an increased risk of infection if you have diabetes, rheumatoid arthritis or have recently had any infection. Your injection site will be covered with a dressing which should be left in place for at least 24 hours.

- Allergic reaction or anaphylactic shock – these can range from mild reactions such as a rash, to more serious (but rare) reactions such as swelling of the face and difficulty breathing. Severe reactions usually happen within 30 minutes of the injection. They require immediate emergency treatment by calling 999.

Other risks (not enough data is available to calculate how likely they are)

- Raised blood sugar levels for a few days if you have diabetes
- Disturbed menstrual cycle (periods). Your next period could be early or late and may be heavier or lighter than usual
- Increased blood pressure, which usually settles down after a few days
- Changes to your mood or mental health, or worsening of an existing mental health condition.

Long-term side effects of IM steroid injections can include:

- Paler skin or loss of fat causing dimpling at the injection site can happen if you have several injections at the same site – this can be permanent
- Osteoporosis – weakening of the bones so they are more likely to break
- Muscle wasting
- Cushing's Syndrome – high blood pressure, round red face, weight gain, muscle and bone weakness and skin changes
- Increased hair growth.

Further information

If you have any concerns or questions about your joint injection or condition, please contact the Rheumatology Advice Line on **01872 252202**, choosing option 2.

This service is available between 1pm and 3.30pm Monday to Friday except Bank Holidays. It is not an emergency/urgent service so please contact your GP or 111 if you need urgent medical advice.

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

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