



## **X-ray Guided, Steroid Joint Injection**

Your doctor has requested a joint injection performed with x-ray guidance. This insures that the medication injected is truly within the joint for optimal results.

The injection ordinarily contains two medications. A corticosteroid (steroid hormone) is used to decrease inflammation over a long term. Mixed with the steroid is an anesthetic or numbing medication, which ordinarily provides immediate relief from the discomfort of the injection itself.

### **What to Expect**

To reduce pain and swelling after leaving the office, a cold pack/ice can be applied to the injection site (for no longer than 15 minutes at a time, once or twice per hour). Tylenol and non-steroidal anti-inflammatory agents such as Advil may be used, especially for the first 24 to 48 hours. Other pain medication should be under the supervision of your doctor.

Frequently patients have immediate relief of pain. The numbing medicine will wear off in about 2-3 hours, and it is possible that the original discomfort will be noticeable.

Ordinarily, the benefit of the steroid will decrease the initial discomfort on the day following the injection and will continue to improve over the next 72 hours. In many patients, there is no discomfort. In some instances, it may require up to a week to feel pain relief. The effect may last anywhere from 2 to 6 months. If there is no relief in a week, it is likely that your joint will not benefit from steroid therapy, although occasionally some patients will have relief with a second injection.

### **Effect of Corticosteroids**

Steroids are excellent anti-inflammatory or inflammation reducing agents. Most often, the joint injected has known arthritis, and the injected steroid will not reverse the arthritis. Therefore, if and when the pain returns, your doctor may suggest a repeat injection. This decision will be based on their knowledge of your joint. A delay of three to four months is often desirable. Frequent multiple injections are not usually requested.

There is some documentation to suggest that decreasing the amount of inflammation in a joint may slow the advancement of the arthritis. In our experience, the use of steroids has been extremely helpful in decreasing symptoms, but has not been particularly active in slowing or accelerating the arthritis.



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Although diabetic patients can safely undergo steroid injections, it can affect the blood sugar, and care should be taken in monitoring after injections, particularly for insulin dependent diabetics.

## **Risks and Side Effects**

Although the risk is low, be aware for signs of infection including redness, warmth, or swelling at the site of injection, or any fever and/or chills. Bathing and showering is fine. Keep the injection site clean.

True allergic reactions to steroid injections are relatively unusual and often mild when they occur. If you feel you are having a form of a reaction, we would be glad to discuss this with you. In the event that symptoms suggest a more severe reaction, as the case with any medication, call 911 and seek immediate treatment.

## **What to do if questions or problems arise**

Since doctors that specialize in joint care usually request the injections, the first course of action regarding activity level, physical therapy, medications or other questions should be to contact the doctor that recommended the injection. We at Wake Radiology will be happy to answer any questions related to the injection, so please feel free to call our office. Wake Radiology West Raleigh, Lake Boone Trail office number is (919) 781-6707, and is staffed between the hours of 8am and 5pm Monday through Friday. If problems arise, they are usually related to short- term discomfort from the injection or occasional weakness from temporary numbing of a muscular nerve, which resolves without additional treatment. Avoid high levels of activity for several days after the injection.