



For more information please visit us online at: <http://www.osmh.on.ca/diagnostics/>

If you or your support person do not clearly understand the procedure, please ask for clarification



STEROID INJECTION

What is it?

Steroid (or corticosteroid) injections are anti-inflammatory medicines used to reduce inflammation in tendons, joints, or even a bursa (a sac of fluid in a joint that cushions movements). They can be used to treat problems such as arthritis, tendonitis, bursitis, and sciatica. A steroid injection may offer short-term relief (weeks to months) if other treatments have not worked. Steroid injections may be repeated once every 3 – 4 months.

Why do I need it?

Steroid injections can be very effective in treating inflammatory arthritis.

They can also be part of treatment for other conditions, including:

- Back pain
- Osteoarthritis
- Psoriatic arthritis
- Reactive arthritis
- Rheumatoid arthritis
- Tendinitis



HOW IS THE PROCEDURE PERFORMED?

Before

For specific questions regarding the clinical need for this procedure, please contact your ordering provider.

Patient Preparation:

You should wear loose-fitting clothing that is easy to change out of. **You will need to arrange for someone to drive you home after the procedure** One support person (spouse, friend, caregiver, family member) may accompany you on the day of your appointment, but not into the procedure room.

Please bring a list of the medications you are currently taking and a list of any drug/medication allergies you may have.

You can eat and drink normally before the procedure. You may take your usual medications prior to the procedure. See next page if you take blood thinners.

Please phone the Diagnostic Imaging booking line at **705-325-2201 ext. 3505** for cancellations or rebooking if you are unable to attend your appointment.

Bloodwork:

If your doctor or healthcare provider ordered bloodwork then it must be completed **within 1 week before** your scheduled procedure to ensure we receive your results before your appointment. Unavailable bloodwork results may cause a delay or rebooking of your procedure.

You are responsible for picking up your prescribed corticosteroid/medication from your pharmacy. This is not provided by the hospital.



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Before (Continued)

Medication:

Your doctor or healthcare provider will also ask you to stop any blood thinners you take (also known as anticoagulation or antiplatelet medications). Talk to your doctor about which medications need to be stopped prior to the procedure, for how long, and when you can safely start them again.

The following medications must be stopped prior to the procedure as per the listed times. Discuss this with your doctor or healthcare provider if you have concerns about stopping any of the below medications:

Medication		Number of Days to Hold
Enoxaparin	(Lovenox)	Withhold 1 dose before procedure
Dalteparin	(Fragmin)	Withhold 1 dose before procedure
Apixaban	(Eliquis)	Withhold 3 days before procedure
Rivaroxaban	(Xarelto)	Withhold 3 days before procedure
Dabigatran	(Pradaxa)	Withhold 4 days before procedure
Warfarin*	(Coumadin)	Withhold 5 days before procedure until target INR ≤ 1.8
Clopidogrel	(Plavix)	Withhold 5 days before procedure
ASA	(Aspirin™)	Withhold 5 days before procedure

*Patients on **Warfarin (Coumadin)** require a new INR drawn 1 day before the procedure.

Coming To The Hospital

You must first sign-in with **Centralized Patient Scheduling & Registration (CPSR)**, which is located immediately to your left when you enter the hospital from the main entrance (off Dunlop Street, across from the gift shop). You will receive a patient wristband and be directed to the **Diagnostic Imaging department**.

Please bring to the hospital your OHIP card and a list of current medications you are taking.

During

Steroid injections are done in the Interventional Radiology Department of Diagnostic Imaging.

The duration of your appointment time will vary from 15 minutes – 30 minutes.

1. You will be asked to change into a gown.
2. You'll be positioned on a fluoroscopic table and the skin over the joint will be aseptically cleaned.
3. The radiologist will use some local freezing (Lidocaine) to numb the area.
4. Fluoroscopy (live x-rays) is then used to guide the needle into the joint space.
5. You'll likely feel some pressure when the needle is inserted. Let your doctor know if you have discomfort.
6. The medication is then injected into the joint space; usually a combination of a corticosteroid to reduce pain and inflammation over time, and an anesthetic for immediate pain relief. Other medications may be used, depending on what your doctor has prescribed.



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WHAT TO EXPECT AFTER



Recovery & Going Home

You must stay in the Diagnostic Imaging Department for 15 minutes after your arthrogram. In rare cases, the local anesthetic may temporarily numb a large area of your arm or leg, requiring you to stay for 1–2 hours until sensation returns. If this doesn't happen, you can leave after 15 minutes.

Mild to moderate soreness in the joint is common for 24–48 hours after the injection, after which it should return to how it felt before the procedure².

For these reasons **you will need someone to drive you home after the procedure**. Don't drive for the next 24 hours or while you're taking strong pain medicine. If you were given medication to help you relax or manage pain during the procedure, then you cannot drive for the next 24 hours.



Diet & Activity

- Avoid strenuous activities for several days, especially if the activity puts stress on the area where you had the injection.
- Resume a normal diet and light activities.



Wound Care²

- If you experience pain or mild swelling at the injection site, then apply ice to the injection site. Place an ice pack or a bag of frozen peas wrapped in a towel over the painful part. Never put ice right on the skin. Do not leave the ice on more than 10 to 15 minutes at a time.
- Keep the area of the injection clean and dry. A Band-aid is placed over the injection site and may be removed after 6 hours.
- If bleeding occurs from the injection site then apply pressure with your fingers over the existing Band-aid. A new Band-aid may be required.



Bathing

- You may resume normal bathing once you have removed the Band-aid and if the site is not bleeding.



Medication

- **If your doctor or healthcare provider advised you to stop any medications for this procedure then consult with them first about the safety of when you can start your medications again;**
- Otherwise, resume your normal medication schedule.
- If you **normally** take acetylsalicylic acid (Aspirin™) or another blood thinner medication, ask your doctor or healthcare provider when to start taking it again. Make sure that you understand exactly what they want you to do;
- Otherwise, **do not** take (Aspirin™) or anti-inflammatory medicines (such as ibuprofen) for one **week** after the injection.



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WHEN TO SEEK HELP^{1,2}



Call 911:

If you believe you require emergency care – **call 911**. Reasons to call 911 include:

- You have passed out (lose consciousness), or become very dizzy, weak, or less alert
- You have severe trouble breathing
- You have a fast or uneven pulse
- You experience sudden chest pain and shortness of breath; and/or
- Significant bleeding from the procedure site (i.e. bright red blood that won't stop)¹



Call your doctor, healthcare provider, or Health Connect Ontario immediately if you experience^{1,2}:

- Increased pain, swelling, warmth, or redness at the procedure site
- Redness or warmth around the procedure site or pus or blood draining from the procedure site
- A fever (more than 100°F / 38°C)
- Chills, with or without fever
- Bright red blood has soaked through the bandage / dressing over the procedure site.
- You have new or worse pain at the procedure site.
- Bruising or swelling at the procedure site that is getting bigger.
- An upset stomach and you can't keep fluids down (you're throwing them up).
- Any other concerns.

Health Connect Ontario may be reached 24-hours a day, including weekends, by:

- Calling 8-1-1
- Calling 1-866-797-0007 (TTY – teletypewriter service)
- Visiting <https://healthconnectontario.health.gov.on.ca/> and selecting “Chat with us”

BRING THIS INFORMATION PACKAGE WITH YOU SHOULD YOU URGENTLY NEED TO SEE YOUR DOCTOR OR GO TO THE EMERGENCY DEPARTMENT OF YOUR NEAREST HOSPITAL.

Use this material for your information only. It does not replace advice from your doctor or other health care professionals. Do not use this information for diagnosis or treatment. Consult with your health care provider about a specific medical condition.

References:

1. Steroid Injections. NHS. Accessed February 21, 2023. <https://www.nhs.uk/conditions/steroid-injections/>
2. Joint Injections: Care Instructions. Accessed February 21, 2023. MyHealth.Alberta.ca Network. <https://myhealth.alberta.ca/health/AfterCareInformation/pages/conditions.aspx?Hwld=ad1775>

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Date of Joint Injections: _____

Medication Administered: ☐ 80 mg/1ml Depo-Medrol ☐ Other: _____

Site of Injection: ☐ LT Hip ☐ LT Shoulder ☐ RT Hip ☐ RT Shoulder ☐ Other: _____

Below is a pain log that we would like you to keep. Every day, for one month, monitor the pain level of the joint that was injected to gauge if it was helpful or not. Use a scale of **(B) BETTER, (S) SAME, or (W) WORSE**. Try to record your pain response at the same time each day. This information may help your doctor decide if continued joint injections will work for you or if other treatment options are best.

Joint Injection Pain Log B = Better S = Same W = Worse						
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Day 29	Day 30	Day 31				