Are there side effects of steroid injections?

Most Joint Injections will have no side effects, however:

- Occasionally loss of the fat layer below the skin may occur leaving a small dimple.
- Rarely a collection of calcium under the skin may occur (but this usually resolves itself).
- Rarely joint infection may occur.

Signs of infection at the joint injection site include:

- Increased pain around the joint
- Redness and/or swelling in and around the injection site
- High temperature

Please observe for signs of infection and seek medical advice if concerned.

Please contact the Rheumatology Team if you are worried about your child post Joint Injection.

**Contact details:**

**Hospital Telephone Number 01 4096100**

- Rheumatology Registrar  Bleep 8412
- Rheumatology  SHO  Bleep 8618
- Rheumatology  Clinical Nurse Specialist  Bleep 8488
- Rheumatology Secretary  01 4096256
- Out of Hours –Medical Registrar on call.

**Remember: Ask your nurse if you are unsure about your child’s care.**

**Additional instructions**

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Developed by Deirdre Carroll CNS & Marian Vaughan CNF

In collaboration with Dr. Orla Killeen

First issued: August 2009

Reviewed: April 2012

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What are steroid injections?

Cortico steroids (Steroids) are hormones that are produced naturally in the body by two adrenal glands. When given as a medicine corticosteroids have a powerful anti inflammatory effect. This is helpful in treating Juvenile Idiopathic Arthritis (JIA)

A steroid injection involves injecting a small amount of steroid directly into the joint. The medication goes directly to where it’s required. Before the steroid is injected any excess fluid in the joint may be removed.

What are the benefits of having a steroid injection??

A steroid injection is an effective way to reduce inflammation in or around the joint. The steroids also suppress the function of the immune system which is overactive in JIA. Following a joint injection, your child should have reduced symptoms of pain, swelling, stiffness and warmth, allowing for better mobility. This typically occurs within 24 -48 hours for most patients but sometimes it can take longer.

Why is a General Anaesthetic (G.A) used?

The procedure is performed under general anesthesia. This allows patient comfort and permits multiple joints to be injected at the same time, if required. Prior to the procedure your Doctor will explain the procedure to you and will discuss which joints are to be injected.

During the Procedure.

Pain relief medications are given during the procedure. A plaster cast is occasionally applied for some children after their joint injection. Your doctor will discuss this with you before the procedure.

Care after Joint Injection

The Rheumatology Multidisciplinary team will see you and your child before going home. Prescriptions and instructions regarding follow up appointments will be given at this time.

Rest /Activity

- For the first 24 hours your child should rest the joints that were injected. Your child can restart all normal activities (swimming, physio/exercises) after 24 hours.
- If knees, hips, ankles or toes were injected we will arrange for a wheelchair to get you to your car. You can walk a short distance from the car to your house once your get home.
- If elbows, wrists, or fingers are injected, texting or playing with computer games or consoles should be avoided for 24hrs after the joint injection
- Your child can return to school 2 days after the joint injection.

Physiotherapy

- Your child will be seen by the rheumatology physiotherapist before discharge.
- You will be advised on a home exercise programme. This will greatly maximise the benefit of the steroid injections

Pain Relief

- If your child needs pain killers, paracetamol or their regular Non Steroidal Anti-Inflammatory (NSAID) Medication will help. Give as prescribed
- The Rheumatology Department in OLCHC do not always splint joints after joint injection but if your child has splints and finds it more comfortable wearing them while resting at home this is fine

IMPORTANT

If your child is taking oral steroids (Prednisolone) please do not give them on the morning of the procedure. This is because steroids will be injected into the joints instead.