



AMIT AMIN

FOOT & ANKLE SURGEON

Steroid Injections

Steroid injections are used to treat areas of inflammation usually in joints but also around soft tissue structures like tendons. The aim is to reduce or eliminate pain, to then allow you to rehabilitate with physiotherapy. Breaking out of a pain cycle is also important to enable you to move forward. Whilst the injection is not intended to be a long-term cure for the underlying inflammatory/arthritis condition, it sometimes does eliminate pain for good. Midfoot arthritis for example is an area where I see very good results.

The anti-inflammatory effect is directed to the source of the problem, which makes it safer than oral anti-inflammatory medication. Such tablets can have side effects such as gastro-intestinal (stomach) irritation. Only a marginal amount is absorbed into the blood stream, and therefore its effect is localised to the target zone. It should be noted that these are not anabolic steroids used by body builders.

Who administers the injections?

I tend to administer a large proportion of injections personally. Common areas include the ankle and subtalar joint, sinus tarsi, big toe joint and occasionally for Morton's neuroma.

The alternative is to use ultrasound (USS) guidance. My radiology colleagues who are experts with USS perform this procedure and they direct the injection into small joints and around soft tissue structures. For example I would refer to my radiology colleagues for injections around tendons, and into less accessible areas like the midfoot joints.

Whichever approach is used – it takes between 5-15min to perform a steroid injection and you can walk on the foot usually with no pain for 6-8 hours. This is because there is local anaesthetic added to the steroid mixture. It is a walk in-walk out procedure. It's important to limit activities for 48-72 hours. Commuting to work and driving are usually fine, but avoid all sports for this time period.

Will the injection be painful?

Like any injection it will be a little uncomfortable. Some areas of the foot and ankle are more sensitive than others. For example a heel injection for plantar fasciitis is more painful than an injection into the ankle joint. Local anaesthetic in the skin could be used prior to the actual steroid injection, but it can obscure landmarks and is in itself is a little uncomfortable.

What are the side effects?

- a. Pain and discomfort for 24-72 hours (occasionally longer) – this is called a steroid flare and is normal if it occurs. The treatment is to rest, elevate and use ice. Paracetamol may help
- b. Bruising – not very common but can occur and will settle over 5-7 days. Medication such as Aspirin and blood thinning medication can predispose to bleeding and bruising.
- c. Flushing of the face for a few hours
- d. Infection – very low risk as the procedure is performed with a clean, aseptic technique. Should you develop redness, swelling, fever and pain, please let me know as soon as possible, and if out of hours you should go to A+E
- e. Skin discoloration – normally paler, which can be permanent
- f. Loss of fat at the injection site – commonly seen in the 2nd and 3rd / 3rd and 4th interspaces in the foot when injecting for Morton's neuroma
- g. Diabetes – blood sugar should be monitored for 72 hours as levels may go up
- h. High blood pressure – this may go up for a few days
- i. I very occasionally hear reports from patients that the pre-injection pain had become worse after a steroid injection. This is very rare, and may well be a consequence of natural deterioration of the original condition. It's important to be aware of this before proceeding.

Who should not have steroid injections?

- a. Recent of active infection in the area to be injected
- b. Underlying allergy to local anaesthetic or steroids
- c. Upcoming surgery to that particular area – will need to wait 8-12 weeks otherwise
- d. Pregnancy or breast-feeding
- e. Poorly controlled diabetes
- f. Needle phobia

Are there alternatives?

Lifestyle and activity modification, use of anti-inflammatory medicines and Physiotherapy/podiatry input. You may have tried some of these options already. Equally the affected area may be too painful to undertake effect physiotherapy. It's important to be clear about the alternatives prior to committing to the injection.