

Having a musculoskeletal (MSK) ultrasound scan and injection

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at ndht.pals@nhs.net.

Introduction

You have been referred for an ultrasound of a joint, tendon or soft tissue to try to understand why you have pain or discomfort in that area (a diagnostic scan). Your referring clinician has also asked the qualified MSK sonographer to consider giving you a corticosteroid injection in or around the painful joint or tendon, to try to relieve the pain or discomfort you are experiencing.

If this leaflet does not answer all of your questions and you have any concerns, please discuss these with the doctor on the day of the examination.

What is an ultrasound scan?

Ultrasound is made up of soundwaves travelling at a higher frequency than we can hear.

The ultrasound waves are sent to and from the body by moving a transducer (probe) over the surface of the skin of the area to be examined. Images are produced from returning sound waves as they bounce back from the surfaces of various structures within the body. Images (pictures) are interpreted by doctors and sonographers trained in this speciality.

Ultrasound scans can be used to diagnose a variety of conditions. They are also used to guide the position of needles for injections.

What is an ultrasound guided injection?

Your referring clinician will have already discussed with you why he/she recommends you should have an injection.

The skin is cleaned with an antiseptic solution. This may stain your skin but will wash off after a few days.

The MSK sonographer may give you an injection of local anaesthetic to numb the area. This will cause a stinging sensation as it is injected but this quickly wears off.

A fine needle is then used to inject the corticosteroid using the ultrasound imaging as guidance.

Corticosteroid is used to treat inflammation (swelling) and pain arising from or around a joint, tendon or soft tissue. The injection may also contain a local anaesthetic agent.

Is there anything I need to do before my appointment?

There is no preparation for this test. You can eat and drink as normal.

You can take all your medications as usual. If you are on blood-thinning tablets (such as warfarin or aspirin), please continue taking them as usual provided they are being monitored appropriately.

Please tell us if you are taking any **anti-retroviral medications** as these can affect treatment.

Please also let us know if you are allergic to steroids and any other medications or substances (e.g. latex) before your appointment.

If you are **pregnant**, think you may be pregnant or **breast feeding**, you must notify the imaging staff.

Please tell us if you are feeling unwell, have recently been admitted to hospital or have any other health worries.

What are the risks and benefits of having an injection?

An ultrasound guided injection is a common procedure.

There are some complications or risks associated with the procedure:

- **Pain** – sometimes the steroid injection can make the pain or discomfort temporarily worse. We call this a **steroid flare** and lasts for approximately two to three days after injection. You may take your regular pain killers to provide relief during this time.
- **Infection** – this is very rare. If there is redness or swelling over the injection site or you develop a fever, please see your GP or go to A&E immediately and explain that you have recently had an injection.
- **Discolouration** – very rarely a white dot or patch on the skin can appear after the injection, this is called '**depigmentation**'. This is rarely permanent and may last for a few months.
- **Fat atrophy** – this is thinning of the fat, which may result in a dent in the skin.
- **Skin thinning or skin dimpling** – occasionally the skin overlying the injection becomes thinned over the course of some months. This is particularly noticeable when several injections are given close to the skin surface. This side effect does not occur in most people.
- **Tendon rupture** – this is rare but steroids may weaken the tendon so it is important to avoid any strenuous activity or exercises for three to four weeks and use splints or support, if given.

- **Allergic reaction** is extremely uncommon.
- In patients with **diabetes**, blood sugar can elevate temporarily.
- **No effect** – the injection may not have any benefit.

We have included some common side effects seen in our practice. For all known side effects listed by the medicine manufacturer, please visit:

- https://packageinserts.bms.com/pi/pi_kenalog-40.pdf
- www.medicines.org.uk/emc/PIL.9141.latest.pdf

Does steroid/corticosteroid injection increase your chance of having infection including viral infections like Covid-19?

Long acting, usually insoluble steroid formulations are frequently used in these injections.

The potential side effect of steroid injection on someone's ability to fight Covid-19 infection is still unknown. Therefore, we are not able to advise of increased risks of having any infection associated with these injections. It is important that you discuss the risks and benefits of steroid injection with your referring clinician.

If you would rather not have unknown risks, you may choose not to go ahead with a steroid injection. It is ok to change your mind anytime or even just before the injection.

Are there any alternatives to this test?

The ultrasound scan will be undertaken if it is felt that this is the best way to investigate your symptoms. The alternative to injections would have been discussed with you by your referring clinician.

What happens on the day of my appointment?

The scan will be undertaken as an outpatient. We will ask you to report to the reception in the Physiotherapy Department. Your appointment letter will tell you that it is for the Diagnostic and Therapeutic Ultrasound (DATUS) Clinic.

Please note, no photography or electronic recording of any kind is permitted in the scanning room.

Your scan will be performed either by a physiotherapist qualified in MSK ultrasound reporting and injecting. After confirming your identity, you will be asked to lay down on an examination couch and the lights will be dimmed so the pictures on the screen can be seen more clearly. We may ask you some questions about your health before the scan begins.

A water-soluble gel is then applied to your skin. This allows the transducer to slide over the skin easily and helps to produce clearer pictures. The sonographer will discuss the procedure with you before the injection.

The scan normally takes between 15 and 30 minutes to complete, depending upon which parts of the body are to be examined. Please feel free to ask questions during the test.

Would you like a chaperone?

If you wish to have a chaperone present in the scanning room, please let us know prior to your appointment and we will be more than happy to arrange this for you.

Will it hurt?

The ultrasound scan will not hurt. When you have the injection, you will feel a small needle prick, but it should not be too painful, depending on your pain tolerance.

Aftercare

The gel will be wiped off your skin and you will be able to get dressed.

Rest the injected area for 24-48 hours.

Remove the plaster after 24 hours.

Antiseptic solution may discolour skin pink or orange, but can be removed with cleaning.

If you are a diabetic, you will need to keep an eye on your blood sugar levels as these can be raised slightly after a steroid injection. This usually settles after a few days.

We recommend that you do not drive for at least 24 hours after the procedure.

You will get the results of the scan and assess the benefits of the injection when you next see the referring clinician. This would usually be in four to eight weeks after.

When will the injection start working and how long will it last?

The symptoms usually improve about three days after the injection but this varies from patient to patient. The benefits of the injection may last for a few weeks or even months. The injection will often work best as part of a rehabilitation programme; the reduction in pain and inflammation may enable improved engagement with exercise therapy.

Is there anything I need to watch out for at home?

Please review the section above titled 'What are the risks and benefits of having an infection'. You should contact your GP if you have a fever or notice redness or swelling around your injection site. This could indicate that you may have an infection. Your GP should be able to treat this with antibiotics.

When will I get the results?

The person doing the scan is not always able to give you the results immediately, because they need to look at the pictures carefully after the scan.

What if I cannot keep my appointment?

Please contact us as soon as possible. We can offer this date to another patient and agree a new appointment date and time with you.

You will find the appropriate telephone number on your appointment letter.

Further information

Diagnostic and Therapeutic Ultrasound (DATUS) Clinic
Tel: 01271 311565

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

Royal Devon University Healthcare NHS Foundation Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.royaldevon.nhs.uk

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Email: ndht.contactus@nhs.net