

Paediatric Rheumatology Steroid Joint Injection

(Eastern services)

Other formats

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- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

What is it?

A joint injection involves an injection of a steroid preparation into the joint space. Often, immediately prior to the injection the joint fluid is removed through the same needle.

When is this treatment used?

Joint injections are often used for troublesome hot, painful, swollen joints. This treatment is used in children whose arthritis has not settled adequately with commonly used medication such as non-steroidal anti-inflammatory medicines (NSAID).

Joint injections are also used when the arthritis has flared despite treatment with second line treatment called disease modifying agents such as methotrexate.

How will the joint injections be given?

Your doctor will discuss with you which joint or joints need to be injected, the best overall approach to the procedure, and will need to obtain informed consent.

If your child is young, scared of needles or is having multiple joints injected they will usually be referred to the Paediatric Rheumatology team at the Bristol Children's Hospital so that the procedure can be done under a short general anaesthetic in theatre. Your local paediatrician and the Paediatric Rheumatology Nurse in Bristol will coordinate this. Usually, your child will not have to stay in hospital overnight. They will go home once they have recovered from the general anaesthetic.

If your child is older and only having one or two joints injected this will be done on the Paediatric Day Case Unit (PDCU) on Bramble Ward. To carry out the injection using this method your child will need to co-operate with us. They may eat and drink normally prior to the procedure. Local pain relief will be given in the form of anaesthetic skin creams, local anaesthetic and a gas called Entonox. You will be allowed to stay with your child throughout the procedure.

You may have heard of Entonox as it is a breathable gas that pregnant women use during childbirth. It acts as an inhaled form of pain relief. The Entonox is inhaled using a mask or mouthpiece. Your child does not go to sleep but they become less aware and less worried about what is happening. The administration of Entonox will be given by the trained paediatric nursing staff on the PDCU.

How effective is this treatment?

Most children respond well to joint injections. The benefits include: relief of swelling, pain reduction and an increased ability to move the joint more freely. Improvement is often seen within a day but may take up to two weeks to become noticeable.

The length of time the joint injection remains effective is variable. However, it will usually last several months. Only a small number of children do not respond to this treatment at all. The injection can usually be repeated when necessary.

What happens after the joint injection is given?

For a joint injection with local anaesthesia or Entonox you or your child will be fit to go home when the effects of the anaesthesia have worn off. This is usually less than 15 minutes.

Following a joint injection under general anaesthesia your child will be discharged home once the team is happy that your child has fully recovered from the effects of the anaesthetic.

After the joint injection, your child should continue to take their usual medication. A joint injection is a way of dampening down the inflammation so that other medications can keep the inflammations under control.

Your child should avoid rigorous exercise of the injected joint for 48 hours. After that they should be encouraged to undertake their physiotherapy exercises again to regain full range of movement and muscle bulk. If difficulties are experienced this can be discussed with your physiotherapist.

Ideally your child should have an appointment to see the physiotherapist within two weeks of the joint injection. They will review the joints and ensure that there is no ongoing deformity or weakness of the joint.

Are there any complications?

Injecting steroids are extremely effective for the majority of patients in controlling troublesome symptoms of arthritis, preventing long term damage to the joint and allowing good levels of function. When given, steroids are injected directly into the joint. This greatly reduces the side effects seen when steroids are given by mouth.

Complications or side effects of joint injections are uncommon.

Possible side effects/complications include:

- Subcutaneous fat atrophy (wasting) at the site of the injection. This usually presents as a small “dimple”, indentation, or loss of skin colour in the area. The appearance often improves over time but may leave a permanent skin change.
- Calcium deposits occur in approximately 15% of injected joints. These are not usually visible and often do not cause any local symptoms.
- Infection of the injected joint is a very rare complication. If your child has a skin infection anywhere near the joint, the procedure should be delayed until the infection clears up.
- On very rare occasions joint injections with steroids can lead to systemic side effects such as increased appetite, weight gain and mood changes.

If the injected joint becomes more painful, red, hot to touch or swollen after the injection, you should inform your GP or the Rheumatology team on 01392 402676 immediately.

Your notes

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, please contact PALS:

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