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Le site de l'arthrose

Corticosteroid injections

Patient information SHEETS 8

Corticosteroids are powerful anti-inflammatory drugs, prescribed in inflammatory flare-ups and pain associated with osteoarthritis.
Injected directly into the joint, they are both more effective (because closer to the osteoarthritic lesion) and better tolerated (fewer side effects) than corticosteroid tablets.
They are not, however innocuous drugs. Even though they are injected locally into the region to be treated, they are still subject to usage restrictions and precautions for use.

Why and how?

In osteoarthritis, injections of corticosteroids have an **anti-inflammatory action**, extremely valuable in flare-ups, and an **analgesic action**, which is valuable when usual analgesics have failed. In both cases, intra-articular injections of corticosteroids can help the patient "get through a difficult time".

The corticosteroid injections are performed during the consultation. The doctor complies with the usual aseptic precautions: local disinfection of the region before the injection and a dry dressing covering the entry point of the needle after injection.

With a needle attached to a syringe, the doctor pricks the skin and enters the joint. He ensures the needle is properly in the joint by drawing a small amount of synovial fluid. Afterwards he injects the anti-inflammatory solution. In the event of "synovial effusion", the latter should be evacuated before injecting the steroid.

After the injection, the patient returns home by car and it is recommended to rest the joint for 48 hours. In general, the injection is well tolerated and pain associated with osteoarthritis diminishes within a few days (between 2 days and 2 weeks).
Monitoring is done by the patient him or herself. An increase in pain, signs of inflammation (heat, redness and swelling of the joint), and fever are all warning signs. It is imperative to seek medical advice.

It is rare for more than 3 injections per year to be done in the same joint. This is a rule that was instituted in the early days of corticosteroid injections, not because of the risk of damaging the joint, but rather because it signals the lack of efficacy of the injection. It continues to be valid if not desirable.

What side effects should be looked out for?

An intra-articular injection of corticosteroids may be responsible for disorders associated with either the injection, or the injected product.

Intra-articular injection of a product may cause:

- a vasovagal episode, a hyper emotional reaction manifested by sweating and a general malaise which can even lead to a brief loss of consciousness; this benign discomfort is treated by elevating the lower limbs;
- bleeding within the joint or in the path of the needle; the risk is greater in the case of haemophilia or anticoagulant therapy; in these cases, the physician must take a large number of precautions (diameter of the needle, injection technique) or advice against the injection;
- a joint infection is very rare, with signs of inflammation and fever and the need for hospital treatment with antibiotics on a drip.

An intra-articular injection of corticosteroids may have consequences on:

- a diabetic patient: if the diabetes is poorly controlled, it is better to abstain;
- an allergic patient: even if allergies to cortisone are exceptional telling the physician about all known allergies is the best way to prevent accidents;
- a patient with an "infection: if the patient is still suffering from the infection, the injection should be postponed to avoid worsening of the infection.