

# Cotswold Diagnostic Clinic

Specialist in diagnostic ultrasound and guided injection treatments

## ULTRASOUND GUIDED INJECTION INFORMATION SHEET

### What is an ultrasound guided injection?

Ultrasound is the safe and painless use of sound waves to produce images of joints, muscles, tendons or other soft tissue structures, such as lumps and bumps.

Steroids are commonly used to effectively reduce inflammation, pain and swelling. The aim is to deliver the medication directly to the site where it is needed. We also perform high volume injections for frozen shoulder and tendinopathy, and use Ostenil Plus injections for osteoarthritis. The injection is usually performed in combination with local anaesthetic.

### What are the benefits of the injection?

The injection should help to treat symptoms, and will also confirm any possible diagnosis and plan further appropriate treatment. Ultrasound guided injections are more accurate and effective than those performed without image guidance.

### What are the risks?

Medical ultrasound is a safe examination. There are some risks with an injection, and these are:

- A small amount of bleeding and bruising occurs in 1 in 100 patients, which will usually settle without any treatment.
- Numbness occurs in the region of symptoms, and may extend down a limb or into the hand/foot.
- There may be some pain, heat, redness and swelling for 1-2 days in the region of symptoms after an Ostenil Plus injection.
- Infection is very rare and occurs in less than 1 in 10,000 patients (see page 3).
- Allergic reactions to steroid, local anaesthetic and Ostenil Plus are extremely rare, and should occur soon after injection. Treatment for this is available on site.
- Feeling faint or dizziness occurs in about 1 in 50 patients.

### Risks particular to steroid injections include:

- Increased pain for 1-2 days after the injection. This is a steroid flare and not an infection. It usually settles with treatments such as cool packs and regular painkillers.
- Irregular menstrual cycle for a few months.
- If you are a diabetic, particularly if you use insulin, you may notice an increase in blood glucose levels for a few days. Contact your diabetic nurse if needed.
- Facial flushing and/or a hot flush may occur for 1-2 days after the injection.
- The skin may go white and/or form a dimple around the injection site due to fat loss. This may take several months to resolve and is more common in more superficial injections (e.g. at the base of the thumb or in the feet).
- Increased blood pressure.
- Tendons can be more prone to tears/rupture after steroid injections, and strenuous activity should be avoided for 3-4 months after the injection (physiotherapy advice recommended).

### CONTACT

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### CLINIC LOCATION

Active Therapy Clinic, 8 Whiteway Court

The Whiteway, Cirencester GL7 7BA



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### Preparing for an injection

You may take any prescribed drugs and medicines as usual (including blood thinning medication). However, please tell the radiologist performing the injection if you:

- have an infection at the moment
- are diabetic (particularly if taking insulin)
- have any allergies, particularly involving: steroid, local anaesthetic, latex or cow's milk
- are taking any blood thinning medication (anti-coagulants), for example: warfarin, aspirin, clopidogrel (Plavix), rivaroxaban, apixaban, dabigatran.
- are taking bupropion (Zyban)
- are taking any anti-epileptic medication (including phenytoin)
- are taking any anti-retroviral or anti-viral drugs
- are taking any cardiac medications or beta-blockers
- are taking any medicines that can affect the immune system
- have had a recent vaccination
- are taking any haloperidol or lithium
- are required to be at work in the next 2 days
- are likely to be involved in heavy physical activity at work in the next 4 days
- have had recent surgery, as steroid injections can affect healing
- have a peptic ulcer
- have had any side effects from steroids previously

### What happens during the injection procedure?

Some gel will be applied to the area being examined and a smooth-surfaced ultrasound probe will be moved across this part of your body. The gel will enable good contact between the probe and your skin, as sound waves do not travel well by air. This procedure may be referred to as a 'scan'.

The radiologist will determine the site of injection using the ultrasound machine. The skin will be cleaned with a sterile solution/wipe in the area of symptoms. A local anaesthetic may also be injected around the site of symptoms.

The radiologist will then position a fine needle accurately under ultrasound guidance. Once the needle is in position, the injection is given, which may involve steroid, local anaesthetic, normal saline, sterile water for injection, or Ostenil Plus.

The entire procedure usually takes between 10-20 minutes. The injection itself usually takes 10-30 seconds, or occasionally may take 1-2 minutes for high volume injections. After the scan, the gel will be wiped off your skin, and a plaster may be applied if needed. The plaster can be taken off at home.

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### What happens after the injection?

You may have some numbness in the area of injection, if a local anaesthetic has been used. Injections in the groin/hip region can rarely cause numbness and reduced mobility in the leg for a few hours. Due to this, we advise you not to drive for six hours after an injection, particularly for injections in the hip and lower limb region.

If possible, do the minimum activities necessary for the next 2 days after the injection. During the first month post injection, you should not put any strain on the area of symptoms while the injection works. If you have a local anaesthetic injected, you may not have any pain for the first few hours. When the local anaesthetic wears off, the area of injection may be painful for a few days afterwards. If this happens, apply an ice pack, and taking regular painkillers for 1-2 days can be helpful.

If you have had a tendon injection, you should avoid strenuous activities for at least 3-4 months afterwards. Physiotherapy follow up is important for advice on when and how to return to activities, and for advice on a rehabilitation/exercise programme. This is particularly important for tendon problems, as tendons can take 4-6 months to heal with the correct rehabilitation programme.

### Rare symptoms to report urgently

If you have severe pain, redness and swelling at the site of the injection, or fever persisting for at least 2-3 days after the injection, then this could be infection. You may need some antibiotics, so please see your GP urgently, or seek other urgent medical attention (i.e. at the Emergency Department).

If you feel drowsy soon after the injection, please report this to the radiologist at the time, or go the Emergency Department. This is extremely rare and could be related to the local anaesthetic injection. Other symptoms to look out for include confusion, dizziness, euphoria, tinnitus blurred or double vision, generalised sensations of heat, cold or numbness, twitching, and tremors.

Allergic reactions are also extremely rare, and can be treated at the time of injection. If they occur soon after the injection, look out for redness and swelling of the skin. Please seek urgent treatment from your GP or at the Emergency Department if this occurs once you have gone home, particularly if you are having difficulty breathing.

### How quickly does the injection work and how long does it last?

Most people notice an improvement within a few days or a week. However, it may take up to a month for the steroid to work. The benefit can last for 2-12 months, or for even longer sometimes. You may be given a post treatment diary to check your progress. This can be returned at your convenience.

### If you have any further questions or concerns

Please use the contact details below.

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