**Patient Information Leaflet for**

**Physiotherapy Injection Clinic**

An injection of a quarter steroid and or local anaesthetic has been discussed with you as a treatment option. The reasoning for this is to stop the inflammatory reaction causing your pain and lack of movement in your joint.

The injection contains a small amount of corticosteroid mixed with an anaesthetic. The anaesthetic will initially reduce the pain in the affected area the effects of the anaesthetic often last for several hours while the steroid is taking affect once the anaesthetic has worn off some patients experience and increase in pain known as a steroid flare, this may continue for 3 to 4 days. If this happens, then take some painkillers that you would normally take to help with the pain.

Rarely, there is a chance of infection from the injection. With the presence of an infection, you would feel generally unwell (e.g. fever, sweating, headaches) with the injection site/joint becoming increasingly hot, swollen and painful. If you are concerned about any of these features following the injection, please immediately the seek medical advice.

If you suffer from diabetes then you will have been informed that your blood sugar levels may increase as a result of the steroid injection.

Often people can experience facial flushing after an injection. This is normal and will settle within 24 hours.

Sometimes women make experience and imbalance in the menstrual cycle.

Occasionally there may be some loss of the fat and skin deep pigmentation can occur. This may leave you with a small permanent dimple and or some loss in skin pigment around the injection site.

In a small minority a reaction to the injection can occur leading to anaphylaxis. This can cause swelling of the airways and difficulty with breathing. Anaphylaxis can be fatal. You are requested to remain in the department for 20 minutes after the injection so that any such reaction can be dealt with quickly and effectively.

Corticosteroid steroids have been associated with an increased risk of mortality in patience with influenza. There is also evidence that steroids delay viral clearance. Potential impact of immunological suppression associated with a court coast steroid injection in individuals incubating the COVID-19 virus is currently not fully understood, however, it may increase the risk of adverse outcomes from the virus.

Should you require further advice, clarification or information please discuss this with your referring physiotherapist or the physiotherapist undertaking the injection priors procedure.

Thank you,

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**Minor Operation Consent Form –**

**Corticosteroid Injections**

**Statement of Health Professional:** I have explained the procedure to the patient. I have explained the intended benefits- of reliving pain and thereby easing mobility in the joint (which benefits may last for only a few days, or up to 6 months)

I have explained potential risks: (1) That injection may mark the pain worse for 48 hours (and rarely for longer) (2) That injection may not relieve the original pain (3) That it may be painful to place the needle correctly (4) That the area could become infected (5) There could be bleeding into the joint (6) That potential post-injection immunosuppressant could increase the likelihood of contracting COVID-10.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (no treatment, anti-inflammatory and pain killing drugs or physiotherapy) and discussed any concerns of those involved. I have completed the injection checklist to check contraindications and precautions and ticked off all potential risks as I discussed them with the patient.

Signed:……………………………………………………………Date……………………………………………………

Name (PRINT)………………………………………………….Job Title……………………………………………….

**Statement of patient:** I agree to the procedure described above and understand all the potential risks, contraindications and precautions described on the injection checklist. I understand that the procedure will be carried out by …….…………………………….. who has appropriate experience.

Signed:……………………………………………………………Date……………………………………………………

Name (PRINT)………………………………………………

**Confirmation of consent:** (to be completed by Health Professional immediately before the procedure). I have confirmed that the patient has no further questions and wishes and procedures to go ahead.

Signed:……………………………………………………………Date……………………………………………………

Name (PRINT)………………………………………………….Job Title……………………………………………….