PROCEDURE

Steroid injections - tendon, bursa, joint

A steroid injection places anti-inflammatory medicine near a tendon, into a bursa, or into a joint.

PURPOSE
Reduce inflammation and pain in a targeted area

PROCEDURE TYPE
Therapeutic, minimally invasive needle injection

WHERE IT IS DONE
Outpatient clinic or imaging department

ANAESTHESIA
Local anaesthetic often used; sedation not routine

HOW LONG IT TAKES
Usually 5 to 15 minutes

PREPARATION
Review infection, diabetes, allergies, and blood-thinning medicines

RECOVERY
Same day; driving limited by numbness or limb function

MAIN RISKS
Infection, bleeding, steroid flare, tendon or tissue damage

RESULTS
Numbing immediately; steroid benefit usually begins within days

Overview

A steroid injection delivers a corticosteroid medicine to a painful or inflamed area. Corticosteroids like prednisone or hydrocortisone reduce inflammation. They are different from the anabolic steroids sometimes used to build muscle.

The medicine may be injected into a joint, into a bursa, or around a tendon or tendon sheath. A bursa is a small, fluid-filled sac that cushions tissues near a joint. A tendon connects muscle to bone.

Steroid is usually placed around a tendon rather than directly into it because an injection into the tendon can weaken it. Ultrasound or X-ray guidance may be used to position the needle accurately, especially when the target is small or deep.

The injection may reduce pain for a limited period. It does not repair damaged cartilage, reverse arthritis, or heal a torn tendon.

Why the procedure is performed

Your healthcare team may offer an injection when inflammation and pain are limiting movement, sleep, rehabilitation, or everyday activities. It is often considered after simpler treatments have not helped enough.

Conditions treated may include:

If a joint is swollen, fluid may be removed through the needle before steroid is injected. This is called aspiration. Testing the fluid can help identify infection, gout, bleeding, or another cause of swelling.

Pain relief from local anaesthetic can also suggest that the injected area is contributing to your pain. However, the steroid injection itself is mainly a treatment rather than a definitive diagnostic test.

- Arthritis affecting a joint
- Bursitis, meaning inflammation of a bursa
- Inflammation around a tendon or within its sheath
- Trigger finger and some other hand or wrist problems
- Certain shoulder, hip, knee, ankle, or foot conditions

Who should and should not have it

A steroid injection may be reasonable when the suspected source of pain can be targeted and the likely short-term benefit supports rehabilitation or daily function. The expected benefit differs by condition and injection site.

An injection is not right for every type of pain. It may be avoided or delayed if:

Blood-thinning medicine does not always prevent an injection, but it can increase bruising or bleeding. The decision should account for the medicine, injection site, and your risk from interrupting treatment.

Extra planning may be needed if you have diabetes, a weakened immune system, a joint replacement, or repeated steroid exposure.

- There is an infection in the body or near the injection site
- The skin over the site is broken or inflamed
- You have had a serious reaction to a proposed medicine
- Infection inside the joint is possible and has not been excluded
- A tendon is torn or at significant risk of rupture
- Blood glucose is very high or difficult to manage
- Bleeding risk needs further assessment
- Surgery on the same area is planned soon
- Previous injections have caused tissue damage or provided little benefit

How to prepare

The treating facility's own instructions take priority because preparation can differ by injection site and imaging method.

Tell the team about your medicines, allergies, diabetes, recent illness, infections, joint replacements, and previous reactions to injections. Include anticoagulants and antiplatelet medicines, which reduce blood clotting.

Do not stop a blood thinner like warfarin or apixaban unless the clinician responsible for the procedure specifically tells you to do so. Stopping it without a plan may create a risk of a blood clot or stroke.

Fasting is not usually needed because sedation is uncommon. You can generally take your regular medicines and eat normally unless the facility says otherwise.

Wear loose clothing that makes the area easy to reach. If the injection involves a leg, foot, shoulder, wrist, or hand, consider how temporary numbness or soreness could affect driving and work.

If you have diabetes, ask how often to check your blood glucose afterward. Steroid can temporarily raise it.

What happens during the procedure

You will be positioned so the clinician can reach the injection site. The team will confirm the area being treated and clean the skin with an antiseptic.

The clinician may identify the target by touch or use ultrasound or X-ray guidance. A local anaesthetic may be injected into the skin or mixed with the steroid.

A needle is passed into the joint, bursa, tendon sheath, or tissue around the tendon. You may feel a brief sting, pressure, or fullness. If fluid needs to be removed, it may be collected before the steroid is given.

The needle is then removed, and a small dressing is placed over the site. Sedation and an overnight stay are not usually required.

Recovery and what to expect afterward

Pain: The area may be sore after the local anaesthetic wears off. Some people develop a temporary increase in pain called a steroid flare. A wrapped cold pack may help. Use non-prescription pain medicine only if it is normally safe for you.

Eating: You can usually eat and drink normally after the injection.

Activity: Follow the facility's instructions about resting the area. Gentle daily movement is often possible, but strenuous exercise, heavy lifting, or repetitive loading may need to wait until the initial soreness settles. Pain relief should not be used to push a weakened tendon or joint beyond its safe limits.

Driving: You may be able to drive if you had no sedation and can control the vehicle safely. Do not drive while the limb is numb, weak, very painful, or unable to operate the controls normally. Arrange transport if the facility advises it.

Work: Desk work may be possible the same day or the next day. A physical job may require more time, particularly if it loads the injected tendon or joint.

Keep the injection site clean as instructed. A small amount of bruising or tenderness can occur.

Risks and possible complications

Possible risks include:

The injection may not help, or relief may last only a short time. Repeated injections can add to local tissue and whole-body steroid exposure, so there is no single repeat schedule that is suitable for everyone.

- Temporary pain or a steroid flare
- Bruising or bleeding

- Infection in the skin, bursa, or joint
- Skin thinning, a pale patch, or loss of fat near the site
- Tendon weakening or rupture
- Damage to cartilage or nearby tissues, particularly with repeated exposure
- Temporary facial flushing
- A temporary rise in blood glucose
- An allergic reaction to the steroid, anaesthetic, antiseptic, or dressing

Results and follow up

If local anaesthetic was used, the area may feel better within minutes. This numbness usually wears off before the steroid has started working.

Steroid benefit commonly begins over the next several days. The amount and duration of relief differ by the condition, injection site, and degree of tissue damage. Some people receive substantial temporary relief, while others notice little change.

Record how your pain, movement, sleep, and function change. This can help your healthcare team decide whether rehabilitation, another treatment, or further assessment is appropriate.

Routine follow-up may be scheduled to review your response. Contact the team sooner if symptoms are worsening rather than settling or if the injection has not helped within the timeframe they gave you.

Alternatives

The alternatives depend on why the injection was offered.

Activity changes, ice or heat, supportive footwear, braces, and physiotherapy avoid injection risks. They may take longer to help, but exercise-based treatment can improve strength and movement rather than only reducing inflammation.

Topical or oral pain medicines are easier to use but may be less targeted. Some can affect the stomach, kidneys, heart, or other medicines.

Aspiration alone can reduce pressure in a swollen joint and provide fluid for testing. Relief may be temporary because it does not suppress inflammation in the same way as steroid.

Other injections include hyaluronic acid for some arthritic joints and platelet-rich plasma for selected tendon or joint problems. Their benefits are condition-specific, evidence is mixed for

some uses, and they may not be publicly funded or covered by insurance.

Choosing no injection is also reasonable when symptoms are manageable or likely to settle. Surgery may address major structural damage more directly, but it brings greater risks and a longer recovery.

When to call your healthcare team

Contact the healthcare team promptly if pain continues to intensify after the first day or two, or if you develop increasing redness, warmth, swelling, drainage, fever, or chills. These symptoms need assessment for infection.

Also seek prompt advice for marked bruising, ongoing bleeding, a sudden snap with new weakness, or blood glucose that remains difficult to control.

Call emergency services for trouble breathing, swelling of the face or throat, collapse, or another severe allergic reaction. These are emergency symptoms rather than routine after-effects.

Mild soreness, a small bruise, or a brief flare without fever or spreading redness can usually be discussed during routine follow-up if it is improving.

Common questions

Will I be asleep?

Usually not. You are generally awake, and local anaesthetic may be used. Sedation is uncommon for these injections.

Can I drive home?

Possibly, if you can control the vehicle safely and have not received sedation. Do not drive with numbness, weakness, restricted movement, or significant pain.

How painful is it?

Most people feel a brief sting followed by pressure or fullness. The area can become sore after the anaesthetic wears off.

When will I know if it worked?

Local anaesthetic can help immediately but wears off quickly. The steroid usually takes several days to show its effect.

How long will the relief last?

Relief may last from a short period to several months, but some injections do not help. The underlying condition affects the result.

Can I have another injection later?

Sometimes, but repeated injections can weaken tendons or damage other tissues. Your team should weigh the previous benefit, injection site, and cumulative steroid exposure.

Sources

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