

Dr Usamah Jannoun MD FFSEM

Consultant in Sport & Exercise Medicine

UME Health
17 Harley Street, London

The Wellington Hospital
St John's Wood, London

IMAGE GUIDED STEROID INJECTIONS

Before agreeing to undertake with this procedure, I believe it is important to make you fully aware of some potential risks associated with steroid use and the current COVID-19 coronavirus pandemic. There is limited evidence that certain steroid injections could potentially increase the risk and severity of a COVID-19 infection. As yet, there is no definitive data to support or refute this claim and research into this continues. Current guidance suggests that any patient displaying COVID-19 coronavirus symptoms, deemed to be at a high risk from the disease (vulnerable shielding group), or has been asked to self-isolate should not undergo a steroid injection.

If you have no risk factors and no potential symptoms and have not knowingly been over the last four weeks exposed to a confirmed COVID-19 case, I am willing to consider you for a steroid injection. Current recommendations advise no steroid injections within two weeks before or after a Covid vaccination as the steroid may reduce the effectiveness of the vaccination.

The consideration to use a steroid will be on a case-by-case basis. I understand that some of my patients may be in considerable pain and discomfort and the benefits of proceeding with the procedure may outweigh the theoretical risks of increased susceptibility and complication associated with COVID-19.

If you wish to discuss having a steroid injection further, prior to your appointment, please do let me know. In some cases, I can substitute the steroid injection for hyaluronic acid (Ostenil for joints and Ostenil Tendon for soft tissue) or Platelet Rich Plasma (PRP) if recommended. You will be required to discuss this with your insurance provider to ensure that they cover the costs for this alternative procedure. Alternatively, you do have the option to delay the recommended steroid injection until there is a more solid evidence base of published scientific data.

The vast majority of patients having injections report very little if any side effects as a result of the injections. The recovery in most cases goes well and they are able to gain the pain-relieving benefits shortly after having the injections. Please discuss any concerns that you have about the following information regarding the risks and complications with me as I will be carrying out the procedure.

After the injection you may be sore for a couple of days. The benefit may take up to two to three weeks to show so be patient. There are rarely any serious complications from this treatment. Less than 1/20000 people develop an infection. If this happens to you, the pain will increase over the next week or ten days accompanied by fever (confirmed by a thermometer reading). Get in contact with my secretaries or your GP urgently. Minor side-effects are a "red face" reaction that can develop in some people (5%) for a day or two. This is absolutely no cause for alarm. If the injection is close under the skin, long-acting steroids may dissolve the fat causing a bluish white patch of this skin which can take several years to clear and in some cases does not disappear at all. This is avoidable in 99% of cases by correct technique and the use of low particular steroids. If you are breast feeding, please discuss the potential risks to you and to your baby prior to considering having a steroid injection.

One dose rarely causes any disturbance to your metabolism or hormonal balance. Frequent or repeated doses of medium to high doses (over 40mg depot steroid) can disrupt the menstrual cycle, cause postmenopausal bleeding, or any or all of the side effects of long-term oral steroid usage. In musculoskeletal conditions, only small doses are used infrequently so these unwanted effects are extremely unlikely to occur.