

Patient Name:

Injection Site:

Procedure Information

A corticosteroid injection is a procedure where anti-inflammatory medication is injected into a joint or soft tissue to reduce pain and inflammation. The procedure involves placing a needle into the target area under aseptic technique. Local anaesthetic may be mixed with the steroid to provide immediate pain relief.

Benefits

- Reduction of pain and inflammation in the affected area
- Improved function and mobility of the joint or soft tissue
- May avoid or delay the need for surgery
- Effects typically last several weeks to months
- May be repeated if initial injection provides benefit

Risks and Complications

While generally safe, all procedures carry potential risks. These include:

Common (occurring in more than 1 in 100 patients)

- Pain or discomfort at injection site (may worsen for 24-48 hours before improving)
- Skin depigmentation or thinning at injection site
- Facial flushing (usually temporary, lasting 24-48 hours)
- Temporary elevation of blood glucose levels in diabetic patients

Uncommon (occurring in less than 1 in 100 patients)

- Infection at injection site
- Bleeding or bruising
- Allergic reaction to medication
- Tendon weakening or rupture (particularly Achilles tendon)
- Fat atrophy causing skin dimpling
- Vasovagal reaction (feeling faint)

Important Information

- Multiple injections may be required before significant improvement occurs
- Your condition may not improve even with multiple injections
- Injections are typically limited to 3-4 per year in the same site
- Improvement may take 3-7 days to become apparent
- You should rest the injected area for 24-48 hours following the procedure
- Notify your doctor immediately if you develop signs of infection (increased pain, redness, warmth, fever)

Patient Declaration and Consent

I confirm that:

- I have read and understood the information provided above
- The procedure has been explained to me by the doctor
- I have had the opportunity to ask questions and these have been answered satisfactorily
- I understand the benefits and risks of this procedure
- I understand that the procedure may not be successful
- I understand alternative treatment options have been discussed with me
- I consent to the administration of corticosteroid injection to the area indicated above

Patient Name (print):

Patient Signature: _____

Date: _____