Corticosteroid Injection Therapy Standard Operating Procedure UHL Podiatric Surgery (LocSSIPs)

Change Description	**Reason for Change**
☐ Change in format	☒ Trust requirement

APPROVERS	**POSITION**	**NAME**
Person Responsible for Procedure:	Podiatric surgery team	Mr Rajesh Jogia Mr Nayan Patel Mrs Nicola Donovan
SOP Owner:	Podiatric surgery team	Mr Rajesh Jogia Mr Nayan Patel Mrs Nicola Donovan
Sub-group Lead:	Extended Scope Podiatrist	Nicola Donovan

Appendices in this document:

Appendix 1 – UHL Safer Surgery Podiatric Surgery Checklist

Appendix 2 – Patient Information Leaflet for Corticosteroid Injection Therapy

Introduction and Background:

Patient safety is at the heart of everything we do. A checklist approach has proven to be of benefit in delivering safer care in the theatre setting. This SOP seeks to provide further steps to maximise patient safety and education by standardising operative practice for invasive procedures performed in the outpatient setting.

This Local Safety Standard for Invasive Procedures (LocSSIPs) is guided by the principles of the UHL Safer Surgery Policy, version 4, July 2021 and National Safety Standards for Invasive Procedures (NatSSIPs). NHS England, 2015.

Steroid injections - overview

Patients that are referred into the department will be assessed and a diagnostic/ treatment plan formulated in accordance with shared decision making – highlighting the alternatives to this treatment modality including doing nothing and the consequences and risks associated with all treatment options.

Some conditions respond favourably to steroid injection therapy and this will be offered. This therapy may be used for diagnostic and therapeutic purposes, before considering surgical intervention. The injection will

be administered either in the outpatient setting or a referral for a guided injection under ultrasound / fluoroscopy will be made.

Steroid injections, also called corticosteroid injections, are anti-inflammatory medicines used to treat a range of conditions such as;
1. Inflammation of soft tissue
-ligament (including plantar fasciitis)
-nerve irritation (including neuroma/tarsal tunnel syndrome)
-tendon (tenosynovitis)
-soft tissue lumps and bumps (including ganglions/bursitis)
-scar pain/sensitivity
2. Joint Pain
-localised joint inflammation (synovitis)
-arthritis (including osteo/rheumatoid/gout/pseudogout)

In the department of podiatric surgery, steroid injections are only given by healthcare professionals who are fellows of the College of Podiatrists (surgery) or have attended a certificated steroid therapy course. The steroid of choice is methylprednisolone with lidocaine.

As local anaesthesia is used with the steroid, the effect may be immediate but this only lasts for the duration of the local anaesthetic. However, the therapeutic effect normally takes a few days to start working and may last just for the short term, many months or resolve the condition.

After a short period of observation to ensure no adverse effects, patients should be able to go home after the injection. Patients are advised to rest the treated body part for a few days.

Side effects of steroid injections
Possible side effects of steroid injections depend on where the injection is given. These may include:

- pain and discomfort for a few days (flare of joint pain) – paracetamol may help with this
- temporary bruising or a collection of blood under the skin
- flushing of the face for a few hours and menstrual irregularity
- an infection of joint or soft tissue, causing redness, swelling and pain – medical advice should be sought as soon as possible
- a loss of fat where the injection was given – this can cause dimples in the skin and may be permanent
- paler skin due to depigmentation around the site of the injection – this may be permanent
- patients with diabetes may experience a rise in blood sugar level for a few days. Patient should consult with GP or Specialist Nurse if this does not settle.
- patients with high blood pressure, may experience a rise in blood pressure for a few days

Caution: rupture of a tendon may occur if the injection is given directly into the tendon and excessively frequent, repeated injections into the same area can cause the bone, ligaments and tendons to weaken.
Any suspected side effect may be reported to a UK safety scheme.

Patient exclusion

- history of adverse reaction to steroid injections and/or local
- anaesthetic
- presence of local or systemic infection (including eye infection). Where infection is
- suspected it should not be used until ruled out or eradicated
- history of allergy to any other constituent of the preparation
- pregnancy and breastfeeding or trying for a baby
- recent trauma or unstable joints
- osteomyelitis
- neurovascular deficit
- haemarthrosis
- joint replacement present
- anticoagulation therapy (INR>3)
- HbA1c >64mmol/mol
- children and young people up to the age of 18 years
- patient declines or refuses treatment
- lack of comprehension by the patient regarding the technique to be carried out
- clinically significant drug interaction with concurrent drug therapy
- due for administration of live vaccine or have received live vaccine within the last 4 weeks

Steroid injections may not always be suitable in the following cases, although the practitioner may recommend them if they think the benefits outweigh any risks:

- have any other conditions, such as diabetes, epilepsy, high blood pressure, or problems with liver, heart or kidneys
- poor diabetes control – HbA1c should be checked and be less than 64 mmol/mol
- immunosuppression
- history of bleeding disorders
- taking other medicines, such as anticoagulants
- have had a steroid injection in the last few weeks – you usually need to wait at least six weeks between injections
- had three steroid injections in the last year –it is recommended that no more than three injections in the same area are given in the space of 12 months
- ulcer near the injection site.

How steroid injections work

Steroids are a man-made version of hormones normally produced by the adrenal glands, two small glands found above the kidneys. When injected into a joint or muscle, steroids reduce redness and swelling (inflammation) in the nearby area. This can help relieve pain and stiffness.

References:

- National Safety Standards for Invasive Procedures (NatSSIPs). NHS England, 2015
- UHL Patient Group Directive ALI-18 Depomedrone with Lidocaine, October 2021
- NHS, steroid injections, 2022. Available at https://www.nhs.uk/conditions/steroid-injections/ [Accessed March 2022]
- Grice, J., Marsland, D., Smith, G. and Calder, J. (2016). Efficacy of Foot and Ankle Corticosteroid Injections. Foot & Ankle International, 38(1), pp.8-13
- De Cesar Netto, C., da Fonseca, L., Simeone Nascimento, F., O'Daley, A., Tan, E., Dein, E., Godoy-Santos, A. and Schon, L. (2018). Diagnostic and therapeutic injections of the foot and ankle—An overview. Foot and Ankle Surgery, 24(2), pp.99-106
- Johnson, J., Klein, S. and Putnam, R. (2011). Corticosteroid Injections in the Treatment of Foot & Ankle Disorders: An AOFAS Survey. Foot & Ankle International, 32(4), pp.394-399
- Protheroe, D. and Gadgil, A. (2018). Guided Intra-articular Corticosteroid Injections in the Midfoot. Foot & Ankle International, 39(8), pp.1001-1004
- UHL Safer Surgery Policy, version 4, July 2021

List management and scheduling:

The potential for steroid injection therapy will be discussed and offered at the outpatient appointment. If the patient wishes to proceed with this therapy, a patient information leaflet will be issued (which will need to be brought back in on the day of treatment) and an appointment will be sent out in due course for the patient to return for this.

The patient should ensure that they have a chaperone to drive them home and that they can rest for the next few days and that no contra-indications to steroid injection therapy have been noted. If a patient is known to have diabetes, their HbA1c should be checked on ICE. If this is not available it should be requested and reviewed prior to administration of steroid injection therapy.

Where an image guided injection is required, patients will be referred for this using the UHL Imaging Clinical Business Unit referral form. Upon receipt of the imaging report, a further Outpatient review appointment will be sent.

Following administration of steroid injection therapy in the Outpatient department, a letter is dictated to the patients GP and a check made that the patient still has their patient information leaflet (see Appendix 2 - **Patient Information Leaflet for corticosteroid injection therapy**) issued to the patient, with details about how to contact the department if there are subsequent questions or concerns. The patient information leaflet should be completed by the team regarding the drugs that were administered.

Patient preparation:

Prior to steroid injection therapy
Prior to joint injections X-ray should be obtained. Ultrasound may be considered if evidence of joint inflammation or laxity is noted.
Patients should eat and drink as normal, taking all medication as normal.
Patients with diabetes should demonstrate optimal diabetes control evidenced by HbA1c <64 mmol/mol (8%).
Patients on warfarin should demonstrate an INR of <3
Patients should be checked against exclusion criteria. Written and verbal consent should be gleaned by the practitioner who will be performing the injection based on a full discussion regarding the benefits risks and complications of this therapy, together with the alternative treatments including doing nothing.
Patients should be given a patient information sheet before the procedure. Alternatively, this will be issued after the procedure detailing the intervention and medications administered together with potential risks and side effects with contact details.
Patients name, date of birth and hospital number will be checked against the consent form prior to administration of the injection

See UHL Safer Surgery Podiatric Surgery Checklist (Appendix 1)

Workforce – staffing requirements:

The minimum safe staffing standards for a procedure list include one practitioner and one assistant.
The assistance can be a podiatrist/ registered nurse
However, staff should be available in the Outpatient setting should the patient require a chaperone or become medically unwell.

Ward checklist, and ward to procedure room handover:

Not Applicable.

Procedural Verification of Site Marking:

A sterile indelible skin marker pen should be used to mark the injection site. Patients are fully conscious and the clinician should confirm the treatment area with the patient prior to injection.

Team Safety Briefing:

The Team Safety Briefing must occur at the start of any procedure session. All team members involved in administration of the therapy should be present in the clinic room and the brief should happen before the patient enters the clinic room.

See UHL Safer Surgery Podiatric Surgery Checklist (Appendix 1)

Sign In:

Sign in refers to the checklist completed at the patient's arrival into the procedure area.
The sign in is performed by the practitioner who will perform the injection and their assistant (Registered Nurse/ Podiatrist)
The checks completed during the 'Sign In'

- The patient's name, DOB and Hospital number with the patient against the consent form
- Completion of a valid consent form in accordance with the UHL Policy for Consent to Examination or Treatment
- Confirmation of what procedure is planned
- Confirmation of any known allergies

Marking of the site (Site marking is performed at the Sign In).

See UHL Safer Surgery Podiatric Surgery Checklist (Appendix 1)

Time Out:

The 'Time Out' is the final safety check that must be completed for all patients undergoing invasive procedures just before the start of the procedure.
The patient must confirm their identity.
The site and side of the procedure must be confirmed
PPE/ COVID checks as per UHL guidelines

See UHL Safer Surgery Podiatric Surgery Checklist (Appendix 1)

Performing the procedure:

Equipment
Needle to draw up the drug
A blue (23G) or grey (27G) needle to inject
A 5ml or 2ml syringe
Depo-medrone with lidocaine – to be administered in accordance with PGD.
Emergency equipment for management of anaphylaxis and basic life support.

Procedure
Patient to lie down on the treatment couch. Location of injection should be confirmed with the patient and skin cleansed with Chloraprep (or other chlorhexidine gluconate and isopropyl alcohol preoperative skin prep) which is allowed to dry before injection.
Using an ANTT, the injection is prepared. If the joint is swollen aspirate first with an empty syringe and if the aspirate is purulent and/or septic arthritis is likely do not inject with corticosteroid. Leaving the needle in situ attach the syringe containing the injectate and administer the injection. Sharps are disposed of according to Sharps Management UHL Policy, V3, 2019. Sterile dressing is applied to the injection site which should remain in situ for 24 hours.

Monitoring:

Patient should be kept in the department for 10 minutes following the injection to ensure no immediate complications.

Prosthesis verification:

Not Applicable.

Prevention of retained Foreign Objects:

To prevent foreign objects being retained unintentionally, before disposal a check to ensure the needle is intact will be done.

Radiography:
Not Applicable.
Sign Out:
Sign out must occur before the patient leaves the procedure area. 'Sign Out should include: • Confirmation that the procedure has been recorded • Confirmation that sharps have been disposed of as per trust policy • Discussion of post procedural care with the patient • Confirmation that the patient has been given an aftercare leaflet A discussion with the patient regarding possible adverse outcomes and how to manage these/ seek help Check the patient has receipt of a PIL. See UHL Safer Surgery Podiatric Surgery Checklist (Appendix 1)
Handover:
Not Applicable.
Team Debrief:
A Team Debrief must be performed at the end of each list. A team debrief should occur at the end of all procedure sessions. The team debrief should include: • Things that went well • Any problems with equipment or other issues • Areas for improvement See UHL Safer Surgery Podiatric Surgery Checklist (Appendix 1)

Post-procedural aftercare:
Rest is encouraged for 24-48 hours following the intervention.
Discharge:
Patients will be advised that an appointment for a review in 3 months will be sent out and confirm that patient knows how to contact the department should they have concerns or queries in between. If a guided injection was requested, patients should be sent a review appointment following receipt of the imaging report.
Governance and Audit:
A safety incident in this area is defined as: Injection to wrong site Injection of inappropriate medication Needle stick injury Adverse patient outcome All adverse incidents will be reported on Datix. Outcomes of this SOP will be audited using PASCOM-10 (Podiatric and Surgical Clinical Outcome Measurement) as part of the routine annual surgical audit. To submit monthly Safe Surgery Audit and WHOBARS assessment as per Safe Surgery Quality Assurance & Accreditation programme.
Training:
Injections will be delivered by a suitably trained and competent HCPC registered podiatrist, working as a member of the podiatric surgical team, who is a fellow or has undertaken an approved steroid injections course and demonstrated competence in administration, as well as competence: • in using PGDs and therefore approved by the Alliance • to undertake the clinical assessment of a patient leading to the identification of those suitable for management under the PGD The practitioner should also demonstrate that:

- Alliance Medicines Management training and PGD e-learning has been undertaken, every 3 years
- training in recognition of and treatment of anaphylaxis including basic life support has been undertaken in the last year
- they are aware of any change to the recommendations for the medicines listed. It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of individual scope of practice
- they can demonstrate active CPD and an annual individual performance review (IPR) has been undertaken
- have undergone instruction regarding use of the SOP to support safe practice

Documentation:

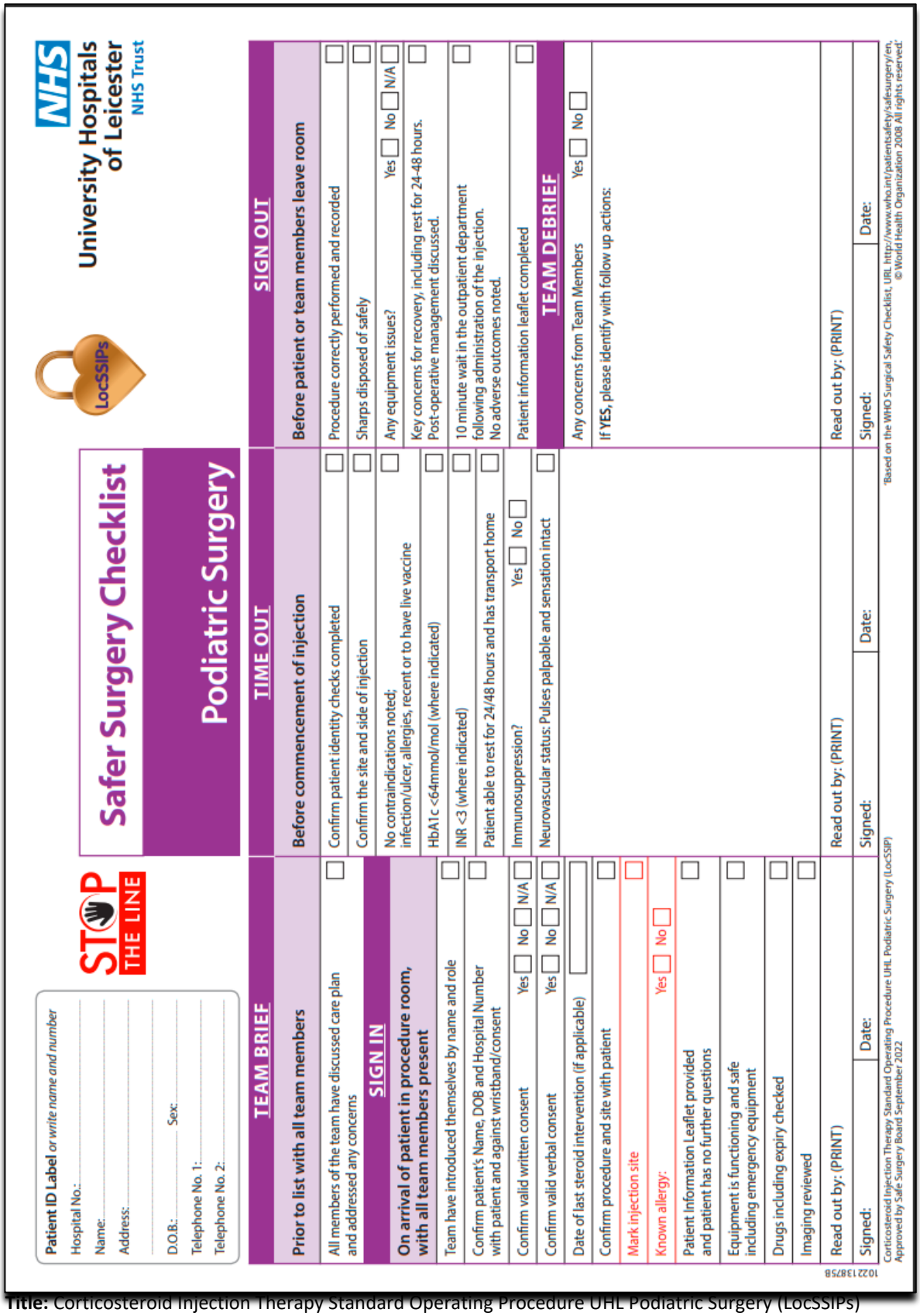
Patient documentation should be issued (information sheet). Record in the notes the drug, dosage, site of administration and that adverse effects were discussed and supported by a patient information leaflet. Patient to remain in the department for 10 minutes to ensure no adverse effects. Record in the notes that no immediate complications were noted. In all written reports, abbreviations should not be used.

References to other standards, alerts and procedures:

HCPC, 2018. Available at https://www.hcpc-uk.org/standards/standards-of-proficiency/chiropodists-podiatrists/ Accessed. March 2022
National Safety Standards for Invasive Procedures, NHS England 2015: https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf
UHL Safer Surgery Policy: B40/2010
UHL Consent to Treatment or Examination Policy: A16/2002
UHL Delegated Consent Policy: B10/2013
UHL Sharps Safety Policy: B8/2013
Shared decision making for doctors: Decision making and consent (gmc-uk.org)
COVID and PPE: UHL PPE for Transmission Based Precautions - A Visual Guide
COVID and PPE: UHL PPE for Aerosol Generating Procedures (AGPs) - A Visual Guide

END

Appendix 1 – UHL Safer Surgery Podiatric Surgery Checklist



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LocSSIPs

STOP THE LINE

Safer Surgery Checklist

Podiatric Surgery

Patient ID Label *or write name and number*

Hospital No.:

Name:

Address:

D.O.B.: Sex:

Telephone No. 1:

Telephone No. 2:

TEAM BRIEF

Prior to list with all team members

All members of the team have discussed care plan and addressed any concerns ☐

SIGN IN

On arrival of patient in procedure room, with all team members present

Team have introduced themselves by name and role ☐

Confirm patient's Name, DOB and Hospital Number with patient and against wristband/consent ☐

Confirm valid written consent Yes ☐ No ☐ N/A ☐

Confirm valid verbal consent Yes ☐ No ☐ N/A ☐

Date of last steroid intervention (if applicable) ☐

Confirm procedure and site with patient ☐

Mark injection site ☐

Known allergy: Yes ☐ No ☐

Patient Information Leaflet provided and patient has no further questions ☐

Equipment is functioning and safe including emergency equipment ☐

Drugs including expiry checked ☐

Imaging reviewed ☐

Read out by: (PRINT)

Signed: Date:

TIME OUT

Before commencement of injection

Confirm patient identity checks completed ☐

Confirm the site and side of injection ☐

No contraindications noted; infection/ulcer, allergies, recent or to have live vaccine ☐

HbA1c <64mmol/mol (where indicated) ☐

INR <3 (where indicated) ☐

Patient able to rest for 24/48 hours and has transport home ☐

Immunosuppression? Yes ☐ No ☐

Neurovascular status: Pulses palpable and sensation intact ☐

Read out by: (PRINT)

Signed: Date:

SIGN OUT

Before patient or team members leave room

Procedure correctly performed and recorded ☐

Sharps disposed of safely ☐

Any equipment issues? Yes ☐ No ☐ N/A ☐

Key concerns for recovery, including rest for 24-48 hours. Post-operative management discussed. ☐

10 minute wait in the outpatient department following administration of the injection. No adverse outcomes noted. ☐

Patient information leaflet completed ☐

TEAM DEBRIEF

Any concerns from Team Members Yes ☐ No ☐

If **YES**, please identify with follow up actions:

Read out by: (PRINT)

Signed: Date:

Based on the WHO Surgical Safety Checklist, URL http://www.who.int/patientsafety/safesurgery/en, ©World Health Organization 2008 All rights reserved

Corticosteroid Injection Therapy Standard Operating Procedure UHL Podiatric Surgery (LocSSIP)
Approved by Safe Surgery Board September 2022

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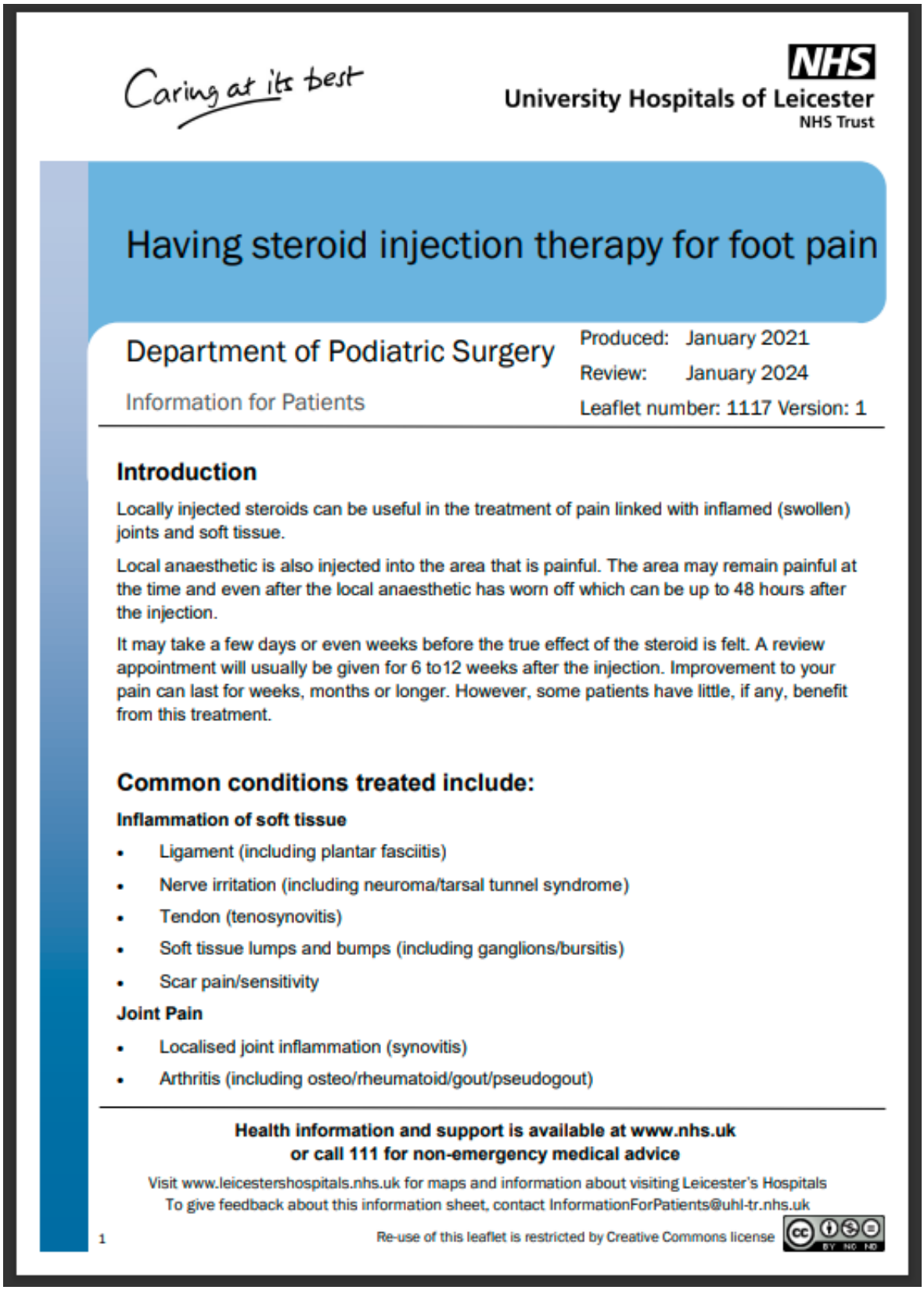
Appendix 2 - Patient information leaflet for corticosteroid injection therapy

Available at: https://yourhealth.leicestershospitals.nhs.uk/library/the-leicester-leicestershire-and-rutland-alliance/podiatry/1521-having-steroid-injection-therapy-for-foot-pain/file



Caring at its best

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Having steroid injection therapy for foot pain

Department of Podiatric Surgery

Information for Patients

Produced: January 2021
Review: January 2024
Leaflet number: 1117 Version: 1

Introduction

Locally injected steroids can be useful in the treatment of pain linked with inflamed (swollen) joints and soft tissue.

Local anaesthetic is also injected into the area that is painful. The area may remain painful at the time and even after the local anaesthetic has worn off which can be up to 48 hours after the injection.

It may take a few days or even weeks before the true effect of the steroid is felt. A review appointment will usually be given for 6 to12 weeks after the injection. Improvement to your pain can last for weeks, months or longer. However, some patients have little, if any, benefit from this treatment.

Common conditions treated include:

Inflammation of soft tissue

- Ligament (including plantar fasciitis)
- Nerve irritation (including neuroma/tarsal tunnel syndrome)
- Tendon (tenosynovitis)
- Soft tissue lumps and bumps (including ganglions/bursitis)
- Scar pain/sensitivity

Joint Pain

- Localised joint inflammation (synovitis)
- Arthritis (including osteo/rheumatoid/gout/pseudogout)

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

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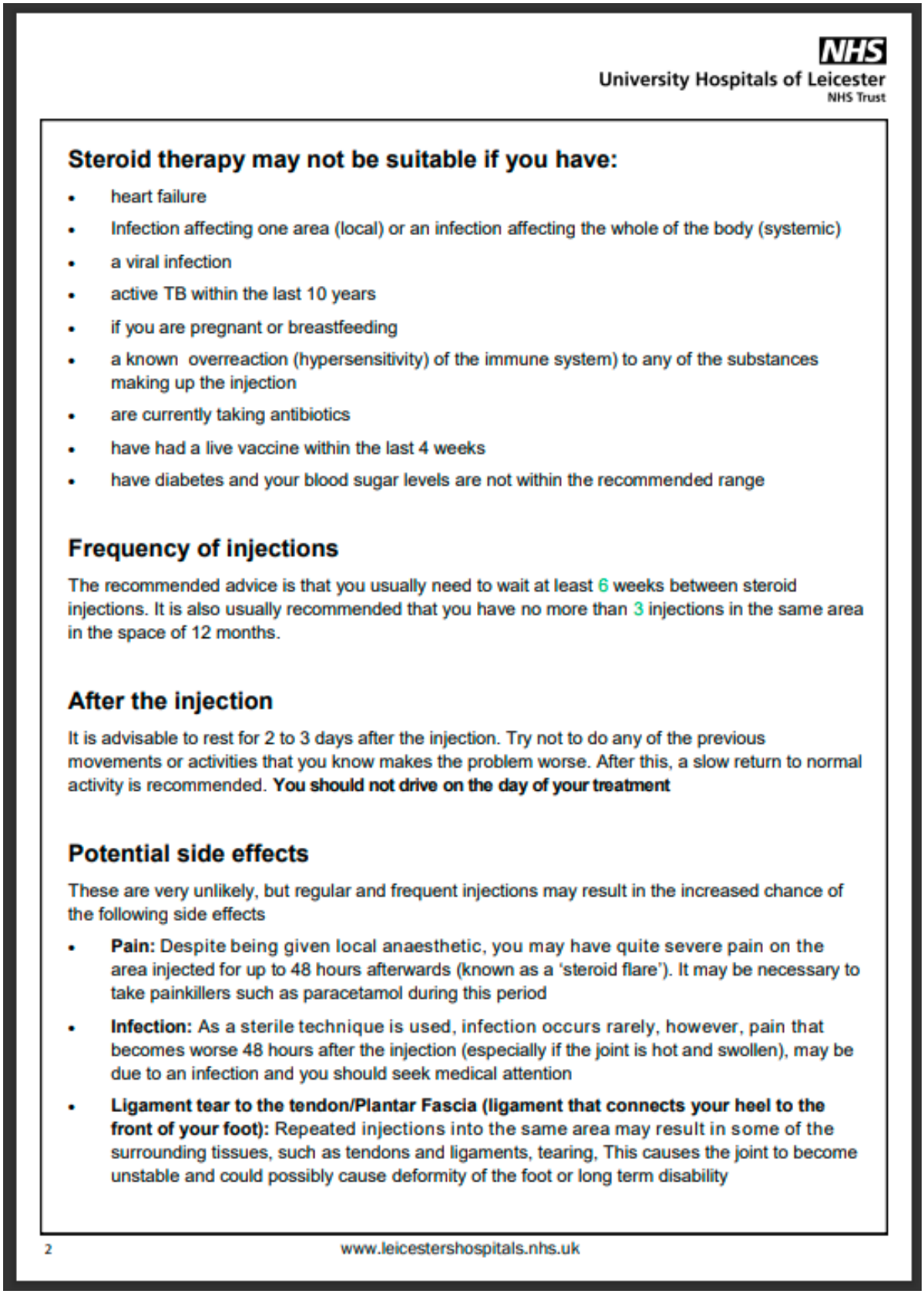

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Steroid therapy may not be suitable if you have:

- heart failure
- Infection affecting one area (local) or an infection affecting the whole of the body (systemic)
- a viral infection
- active TB within the last 10 years
- if you are pregnant or breastfeeding
- a known overreaction (hypersensitivity) of the immune system) to any of the substances making up the injection
- are currently taking antibiotics
- have had a live vaccine within the last 4 weeks
- have diabetes and your blood sugar levels are not within the recommended range

Frequency of injections

The recommended advice is that you usually need to wait at least 6 weeks between steroid injections. It is also usually recommended that you have no more than 3 injections in the same area in the space of 12 months.

After the injection

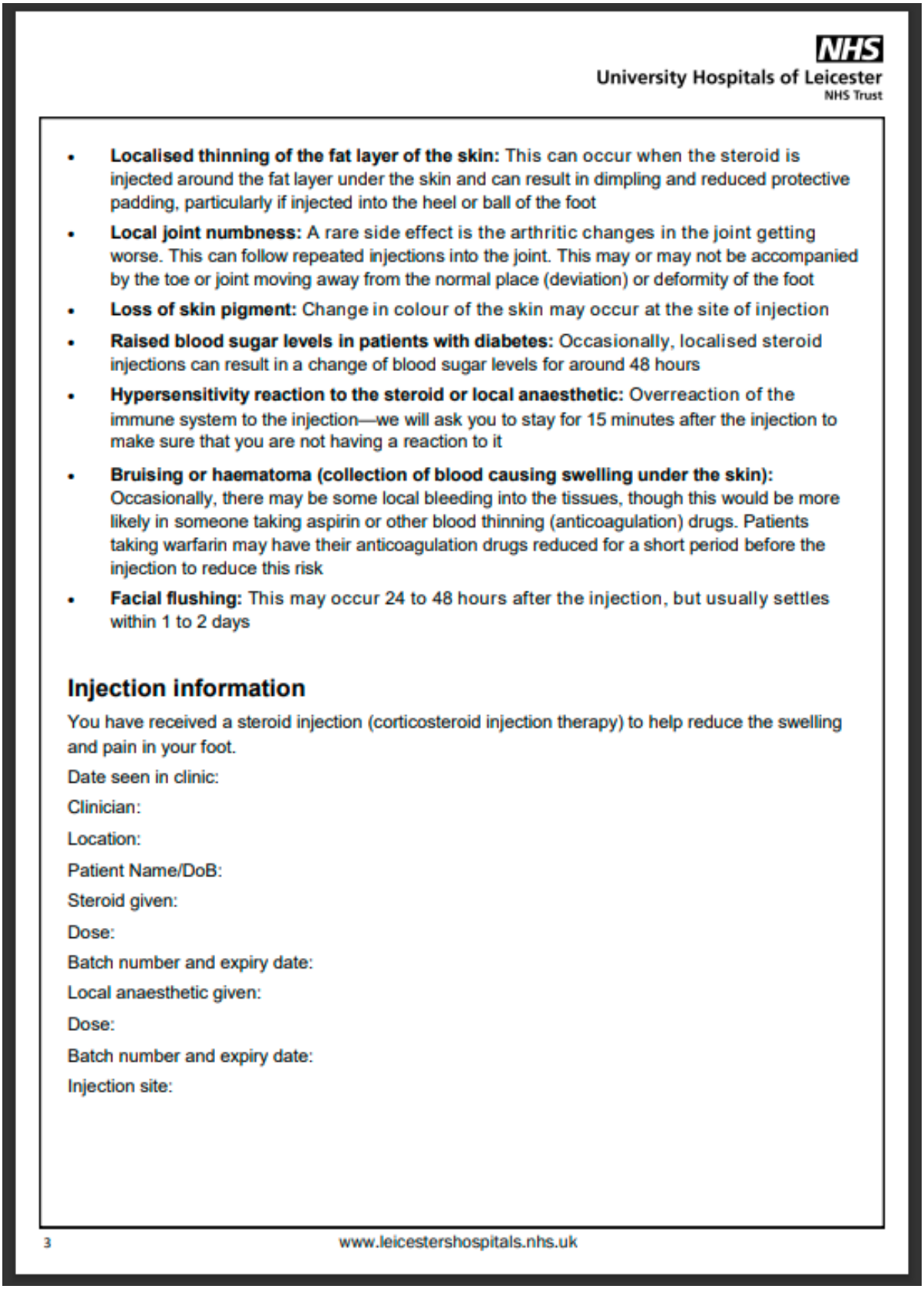
It is advisable to rest for 2 to 3 days after the injection. Try not to do any of the previous movements or activities that you know makes the problem worse. After this, a slow return to normal activity is recommended. **You should not drive on the day of your treatment**

Potential side effects

These are very unlikely, but regular and frequent injections may result in the increased chance of the following side effects

- **Pain:** Despite being given local anaesthetic, you may have quite severe pain on the area injected for up to 48 hours afterwards (known as a 'steroid flare'). It may be necessary to take painkillers such as paracetamol during this period
- **Infection:** As a sterile technique is used, infection occurs rarely, however, pain that becomes worse 48 hours after the injection (especially if the joint is hot and swollen), may be due to an infection and you should seek medical attention
- **Ligament tear to the tendon/Plantar Fascia (ligament that connects your heel to the front of your foot):** Repeated injections into the same area may result in some of the surrounding tissues, such as tendons and ligaments, tearing, This causes the joint to become unstable and could possibly cause deformity of the foot or long term disability

2 www.leicestershospitals.nhs.uk



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- **Localised thinning of the fat layer of the skin:** This can occur when the steroid is injected around the fat layer under the skin and can result in dimpling and reduced protective padding, particularly if injected into the heel or ball of the foot
- **Local joint numbness:** A rare side effect is the arthritic changes in the joint getting worse. This can follow repeated injections into the joint. This may or may not be accompanied by the toe or joint moving away from the normal place (deviation) or deformity of the foot
- **Loss of skin pigment:** Change in colour of the skin may occur at the site of injection
- **Raised blood sugar levels in patients with diabetes:** Occasionally, localised steroid injections can result in a change of blood sugar levels for around 48 hours
- **Hypersensitivity reaction to the steroid or local anaesthetic:** Overreaction of the immune system to the injection—we will ask you to stay for 15 minutes after the injection to make sure that you are not having a reaction to it
- **Bruising or haematoma (collection of blood causing swelling under the skin):** Occasionally, there may be some local bleeding into the tissues, though this would be more likely in someone taking aspirin or other blood thinning (anticoagulation) drugs. Patients taking warfarin may have their anticoagulation drugs reduced for a short period before the injection to reduce this risk
- **Facial flushing:** This may occur 24 to 48 hours after the injection, but usually settles within 1 to 2 days

Injection information

You have received a steroid injection (corticosteroid injection therapy) to help reduce the swelling and pain in your foot.

Date seen in clinic:

Clinician:

Location:

Patient Name/DoB:

Steroid given:

Dose:

Batch number and expiry date:

Local anaesthetic given:

Dose:

Batch number and expiry date:

Injection site:

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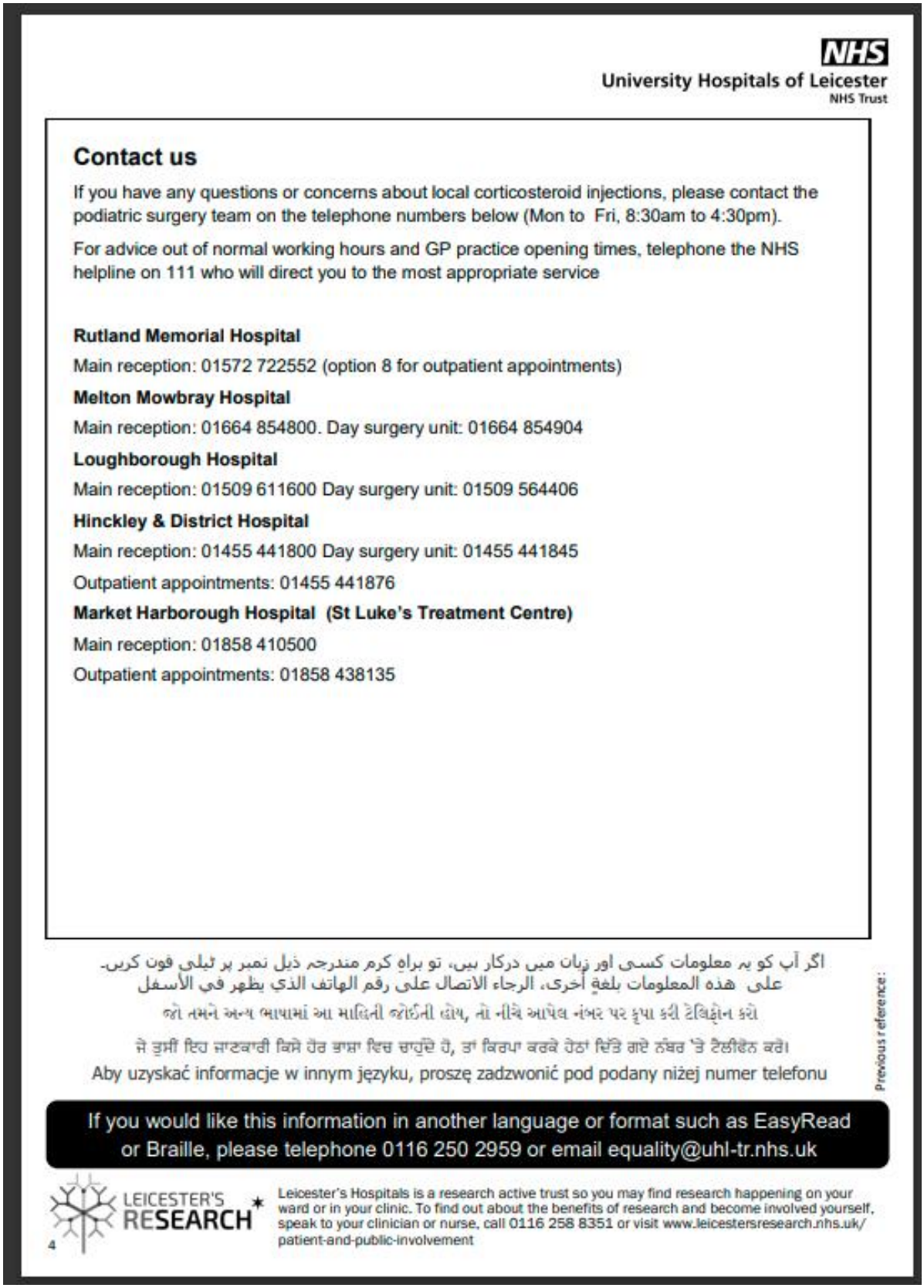

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Contact us

If you have any questions or concerns about local corticosteroid injections, please contact the podiatric surgery team on the telephone numbers below (Mon to Fri, 8:30am to 4:30pm).

For advice out of normal working hours and GP practice opening times, telephone the NHS helpline on 111 who will direct you to the most appropriate service

Rutland Memorial Hospital

Main reception: 01572 722552 (option 8 for outpatient appointments)

Melton Mowbray Hospital

Main reception: 01664 854800. Day surgery unit: 01664 854904

Loughborough Hospital

Main reception: 01509 611600 Day surgery unit: 01509 564406

Hinckley & District Hospital

Main reception: 01455 441800 Day surgery unit: 01455 441845

Outpatient appointments: 01455 441876

Market Harborough Hospital (St Luke's Treatment Centre)

Main reception: 01858 410500

Outpatient appointments: 01858 438135

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

LEICESTER'S RESEARCH

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement

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