**Should I have an injection?**

Injections can be a useful way of settling the symptoms from painful conditions in the foot and ankle.

The risks of injections are generally lower than those of surgery, but you are more likely to need repeated treatments.

This depends on the condition for which you have the injection performed.

**What do the injections contain?**

Most injections we perform contain a mixture of local anaesthetic and steroid.

We occasionally perform injections of bone marrow stem cells taken from your hip, or injections of hyaluronic acid (Ostenil plus). These injections do not contain local anaesthetic or steroids.

The steroid is an insoluble form which should not interfere with other steroid you are taking and should not cause any of the problems associated with taking steroid tablets or injections.

If you are allergic to local anaesthetic you should tell your specialist, you may not be suitable for some injections.

**Injections do not work, why are you doing them?**

Conticosteroid injections have been overused historically and therefore still suffer a controversial reputation. However, they still play a limited but very useful role in selected patients with specific conditions.

How well the injections work depends on your condition:

**Arthritis**

If you suffer from an arthritic joint in your foot or ankle then an injection will be likely to provide long-term symptomatic relief for about one person in ten. Often the symptoms last for a few months and the injection may be repeated up to every six months. For some patients this helps them avoid surgery in the longer term.

**Mortons Neuroma**

There is evidence suggesting that two injections of local anaesthetic and steroid to a symptomatic neuroma may settle symptoms in the longer term for up to 60% of patients. Hence injection is commonly helpful in this condition.

**Ankle impingement**

If you have pain or instability after an ankle injury you may find benefit from injection. Evidence points to this being effective in the long-term for around three patients in ten who receive the treatment.

**What are the risks?**

The risks of injection are generally low but significant complications can after injection.

These include the potential for:

* Joint or skin infection (Very rare) which could require antibiotics, hospital treatment or even surgery.
* Skin changes such as a white patch (Common) or thin area of skin which is easily damaged (Uncommon).
* A steroid flare where you may experience flushing in your face and the injected site may be painful for around 48hours after injection (Common).
* Nerve injury causing altered sensation or chronic pain (Rare).
* A severe allergic reaction (Very rare) or uncontrolled infection (very rare) could make you very unwell, need hospital treatment and in the worst circumstance could even be fatal.
* The most likely risk of injection is that your symptoms return and require more treatment in time (Common).

**How long will it last?**

Almost all injections work in the short term. If your symptoms return you should make a note of how well the injection worked and book back into the clinic if you would like further treatment.

**References/Other resources**

* Efficacy of Foot and Ankle Corticosteroid Injections. Grice J, Marsland D, Smith G, Calder J. Foot Ankle Int. 2017 Jan;38(1):8-13 • Ultrasound guided steroid injection in the treatment of interdigital neuralgia.
* Hassouna H, Singh D, Taylor H, Johnson S. Acta Orthop Belg. 2007 Apr;73(2):224-9
* https://www.bofas.org.uk/Patient-Information/Metatarsalgia