



A Guide To Fluoroscopic Injections of the Foot and Ankle



What is a fluoroscopic injection?

We will use low dose X- ray (fluoroscopy) to guide a needle to the injection site. Further confirmation may be obtained by injecting a small amount of dye (a colourless liquid that shows up on X-rays) into the joint being examined.

We inject the local anaesthetic to temporarily numb the area to reduce the discomfort during the procedure.

The actual medicine which gives the pain relief is usually a corticosteroid which is commonly known as a 'steroid'. Corticosteroids are anti-inflammatory medications used to treat a range of conditions. This medicine will help to reduce the swelling and inflammation in the injected area. The local anaesthetic injection gives immediate pain relief, while the slower acting steroids may take 48 hours to 2 weeks to have an effect.

You will be asked to keep a pain diary to record the pain before and after the procedure. The pain diary helps your doctor to assess the effectiveness of the injection.

What is the purpose of the injection

Foot and ankle injections are carried out for diagnostic or therapeutic purposes.

Diagnostic purpose

Injections are particularly useful when the source of your pain is not clear and can assist the surgeon in confirming which structure in your foot or ankle is causing the pain.

Therapeutic purpose:

The aim is to improve your symptoms. The successful foot or ankle injection will ease your pain for a period of time however, mostly temporary.

Before your injection

Please let your doctor know if:

- You are on a blood thinning medication
- You are on medication that suppresses your immune system eg methotrexate or beta interferon, or steroids.
- You have an infection like recent Covid infection or any other medical condition which may mean we need to reschedule the injection procedure
- You have an allergy to iodinated contrast or one the medications used in the injection
- You are pregnant

Are there any risks of these injections?

Increased pain in the injected area, known as Steroid 'Flare':

It is an aggravation of the inflammation that the injection was meant to treat. This can last 24hrs to few days. If you experience severe pain beyond 48 hours, please seek medical attention

Bleeding:

The injected area may bruise or bleed after the treatment. If you are on blood thinning medication such as aspirin or warfarin, the risk of bleeding is higher.

Local skin and fat changes:

There may be skin discolouration (usually a lightening effect) or thinning of fat at the injected site. This can leave a small pale area or a cosmetic scar.

Risk of the tendon or fascial rupture:

An injection around the tendons or fascia has a risk of weakening it and possible rupture.

Allergic reaction to the injection:

This is rare. Usually, this reaction happens immediately after the injection and can be treated while you are still in the hospital.

Infection:

This complication is very rare. The injected area may become infected and may need antibiotics or possible surgical drainage. The signs of the infected area may include increased pain, swelling, redness, weeping and pus coming from the injected area.

Recurrence:

The pain relief is temporary and the duration is variable from few days to number of months but occasionally years.

After your injection

You may be discharged the same day. We suggest that you avoid driving yourself for at least 4 hours after the examination. But clarify with your treating doctor. You may return to normal activity same day as the comfort allows. Diabetic patients should monitor their blood sugar more closely over the next few days. Drink plenty of fluids post procedure if fluoroscopic contrast media has been injected/used. If you have any problems after the procedure, please contact your GP or the specialist.

