

# Trigger Point Injection

**These are discrete and specific points in the muscle and ligaments which produce pain on compression.**

## **What is Trigger Point Injection?**

An injection of steroid combined with a local anaesthetic is injected into the trigger point.

The local anaesthetic numbs the area, providing short-term pain relief. The steroid reduces inflammation in the area providing longer-term pain relief.

## **Why do I need this Injection?**

Trigger point injections can relieve pain that originates from muscles and ligaments. Commonly affected areas include the neck, shoulders, back, abdomen, arms and legs.

## **Please inform us if you:**

- You are on medicines that thin the blood or prevent clotting, you will be informed as to how this should be managed. These include: Acenocoumarol, Aspirin, Apixaban, Clopidogrel, Dabigatran, Dipyridamole, Prasugrel, Phenindione, Rivaroxaban and Warfarin. You will be told how to manage these medications.
- Suffer from a blood disorder that interferes with clotting eg haemophilia.
- Are allergic to any medicine, food, sticky tapes, metal or latex.
- Are scheduled for any kind of surgery.
- Are undergoing steroid injections by any other doctor and, if so, when was the last injection and what was the dose of steroid used.
- Are due a flu vaccine.
- Are pregnant, if there is a possibility of pregnancy or if you are planning to conceive.

## **Essential information that you need to tell us on the day of the procedure.**

- If there is a possibility of pregnancy.
- Are you on antibiotics for the treatment of an infection in any part of the body?



- Have you had a flu or any other kind of vaccination within the last week?

### **The injection may not be done if:**

- You have received a flu or any other kind of vaccination within the last week.
- You are scheduled to have spinal surgery.
- If you feel unwell on the day of the procedure.
- There is a possibility you may be pregnant.
- You have a known or suspected allergy to local anaesthetic and/or steroid.
- You have an infection at the proposed site of insertion of the needle.
- You are on Acenocoumarol, Phenindione or Warfarin. These need to be stopped for a period of time, before the procedure. You will need to be given daily injections of a drug called Heparin, as a substitute for these drugs. This needs to be planned beforehand, with the knowledge and involvement of your GP.
- You are on Apixaban, Dabigatran and Rivaroxaban. These medications are prescribed for a definite and possibly long period. These medications need to be stopped prior to the procedure but depending on the reason for prescribing of the drug, it may not be possible to stop the drug. You may therefore have to wait for the completion of treatment with Apixaban or Rivaroxaban, before you can have the injection done.
- If you are on a medication (other than Warfarin and Rivaroxaban) that thins the blood and you have not stopped taking the drug.

### **How is the injection performed?**

You will be admitted to the Pain Management Unit. The procedure is performed under sterile conditions, in the treatment area.

The number of injections depends upon the number of trigger points. The consultant will examine you and identify the trigger points. This procedure cannot be done under general anaesthesia or with sedatives as we need you to be awake to help us to identify the points to be injected.

### **What happens after the injection?**

You can go home once you are able to get out of bed, walk and feel reasonably comfortable.

### **Will I get pain relief straight away?**

Some feel immediate pain relief after the injection while others do so after a period of time. Some patients feel sore for a short period before the pain relief develops.



If you experience an initial sore feeling, you should take your usual painkillers and rest until it settles.

### **How long will the pain relief last?**

The amount and duration of pain relief following steroid injections is different between individuals. In the majority of patients the relief is significant and lasts for 1 to 2 months, before the pain returns gradually.

### **What are the complications of trigger point injection?**

- Soreness and bruising at the injection site.
- Temporary exacerbation of pain.
- Infection.
- Problems caused by steroid eg increased chance of infection, increase in blood sugar in diabetics.
- Possibility of damage to the lungs in those undergoing injections on the chest; this is called pneumothorax.
- Nerve damage due to infection, direct damage by the needle or compression by a blood clot or collection of pus.
- Failure of procedure to relieve pain.

### **What happens next?**

A follow-up appointment will be made in clinic 6 to 8 weeks after the procedure and you will be asked about your response to the injection. If you report pain relief of a significant amount and lasting for a significant duration of time, you will be offered repeat injections. You will be placed in an open list and asked to contact the Pain Management Unit when you would like a repeat injection. We do not advise more than three injections in a year to limit the adverse effects of the steroid.

### **If and when you contact us for a repeat, please inform us of any change in your health or medications. In particular, please tell us of the following:**

- If you have started any medication that thins the blood or prevents clotting.
- If you have developed a new allergy.
- If you have been hospitalised for any kind of medical problem.
- If you are being investigated for a medical problem.
- If you are due a flu vaccination.

### **What are the signs and symptoms of nerve damage?**

- Persistent numbness at the site of the injection or in a surrounding area.



## What are the signs and symptoms of lung damage?

- Difficulty in breathing
- Feeling of tightness in the chest
- Chest pain.

## What should I do if I develop symptoms of lung damage?

You should report to the nearest A&E for urgent medical attention. You will require a chest x-ray and further treatment, which may include inserting a tube in to your chest, under local anaesthetic.

## What should I do if I develop any of the other complications?

Please contact the Pain Management Unit and ask to speak to your consultant who will be able to advise you.

## Special instruction for diabetics:

The injection may increase your blood sugar temporarily. Please check your blood sugar regularly and frequently for a few days following your injection.

Please contact your GP if your blood sugar stays high as you may need the dose of your tablets or insulin modified.

For further information, contact the Pain Management Unit at Montagu Hospital. **Tel: 01709 649040.**

## Patient Experience Team

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

## The contact details are:

Telephone: 01302 553140 or 0800 028 8059

Email: [pals.dbh@dbh.nhs.uk](mailto:pals.dbh@dbh.nhs.uk).

