

What to Expect: Intra-articular Hip Steroid Injection

What it's for

Most commonly used for:

- **Hip osteoarthritis**
- **Inflammatory arthritis**
- **Diagnostic purposes** (to confirm the hip joint is the pain source)
- Pain limiting walking, sleep, or physical therapy progress

Because the hip joint is deep, **ultrasound guidance** improves accuracy and safety.

Before the injection

- **Medications & conditions to mention:**
 - Diabetes (blood sugar may rise temporarily)
 - Blood thinners
 - Prior hip infection or surgery
 - **Clothing:** Wear loose pants or shorts.
 - **No fasting** is required.
 - You will be asked to **avoid strenuous activity for 48 hours.**
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During the procedure (about 10–15 minutes)

1. **Positioning:**
 - You'll lie on your back.
2. **Ultrasound setup:**
 - Gel is applied and the hip joint is visualized in real time.
3. **Skin cleaning:**
 - Thorough antiseptic prep.
4. **Local anesthetic:**
 - You'll feel a brief pinch or burn at the skin.
5. **Joint injection:**

- A longer needle is guided into the hip joint under ultrasound.
- Sensations may include **pressure, deep ache, or fullness** in the groin or hip.
- Discomfort is usually brief and tolerable.

Unlike shoulder or knee injections, hip injections can feel **more pressure-like** because of the depth—but ultrasound keeps it quick and precise.

Immediately after

- **Numbness or heaviness** in the hip or leg from anesthetic (a few hours).
- Some people feel **immediate pain relief**—this is from the anesthetic, not the steroid.
- You'll usually be observed briefly, then can go home.

First 24–72 hours

- **Soreness at the injection site** or deep hip ache is common.
- **Steroid flare:**
 - Temporary worsening of pain in ~5–10% of patients.
 - Usually resolves within **48–72 hours**.
- **Activity:**
 - Light walking is okay.
 - Avoid long walks, running, heavy lifting, or intense exercise for **24–48 hours**.
- **Ice:**
 - 15–20 minutes at a time if sore.

When relief begins

- **Steroid effect:** Usually starts **2–5 days** after injection.
- **Peak benefit:** Around **1–2 weeks**.
- **Duration of relief:**
 - Highly variable: **weeks to several months**.
 - Better and longer relief is more common in inflammatory conditions than advanced arthritis.

Common side effects (usually temporary)

- Injection-site pain
- Facial flushing (1–2 days)
- Trouble sleeping the night of injection
- Temporary increase in blood sugar (important for diabetics)

Less common

- Skin thinning or color change at injection site
 - Temporary hip weakness
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Rare but serious — seek urgent care if you have:

- Increasing hip pain with **fever**, redness, or warmth (possible infection)
 - Severe pain that keeps worsening after 2–3 days
 - Inability to bear weight
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How often can hip injections be done?

- Usually limited to **2–3 injections per year in the same hip**.
 - Repeated injections too frequently may accelerate cartilage wear.
 - Dr. Payne recommends waiting 3 months from the time of the injection until total joint replacement due to increased risk of infection
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How to get the most benefit

- Use the pain-relief window to start or progress **physical therapy**.
- Focus on **hip mobility, glute strengthening, and gait mechanics**.
- Remember: the injection reduces inflammation—it does **not** reverse arthritis or repair structural damage.