PROCEDURE

Hip joint injection

A hip joint injection places numbing medicine, steroid, or both into the hip using imaging guidance.

PURPOSE
Identify the pain source or reduce hip joint pain

PROCEDURE TYPE
Diagnostic and therapeutic; minimally invasive image-guided injection

WHERE IT IS DONE
Outpatient clinic

ANAESTHESIA
Local; sedation is uncommon

HOW LONG IT TAKES
15 to 30 minutes

PREPARATION
Medication review; fasting only if sedation is planned

RECOVERY
Same day; arrange a ride home

MAIN RISKS
Infection, bleeding, temporary pain flare, medication reaction

RESULTS
Numbing effect immediately; steroid benefit over several days

Overview

A hip joint injection places medicine directly inside the hip joint. The hip is deep beneath muscles and other tissues, so the injection is usually guided by ultrasound or fluoroscopy. Fluoroscopy uses continuous or repeated X-ray images.

The injection may contain a local anaesthetic, which temporarily numbs the joint. It may also contain a corticosteroid like prednisone or hydrocortisone , often called a steroid, which reduces inflammation. This is not the same type of steroid used to build muscle.

A local anaesthetic injection can help show whether pain is coming from inside the hip joint. A steroid injection may provide temporary pain relief, but it does not repair damaged cartilage, reshape the joint, or cure arthritis.

Why the procedure is performed

Your healthcare team may offer a hip joint injection to investigate or manage pain thought to come from the joint.

It may be used to:

The diagnostic and treatment goals may overlap. For example, immediate relief from the numbing medicine may suggest that the joint contributes to your pain. Longer relief may follow if a steroid was also injected.

The result is not a perfect test. Pain can come from more than one place, and the numbing medicine may spread beyond the joint.

- Help distinguish hip joint pain from pain arising in the back, muscles, tendons, or nearby nerves
- Temporarily reduce pain and inflammation from hip osteoarthritis
- Ease symptoms linked to inflammation inside the joint
- Make movement or physiotherapy more manageable
- Remove joint fluid for testing when infection, crystals, or another joint problem is being considered

Who should and should not have it

A hip injection may be reasonable when your symptoms, examination, and imaging suggest that the hip joint is a significant source of pain. It may also be considered when simpler treatments have not helped enough or are unsuitable.

It is not right for everyone. The procedure is usually avoided if there is an infection in the joint, an untreated infection elsewhere in the body, or infected or damaged skin over the injection site.

It may need to be delayed or modified if you:

Do not stop blood thinners like warfarin or apixaban on your own. Bleeding and clotting risks must be considered together. If hip replacement is planned, discuss the timing of any steroid injection with the surgical team.

Repeated steroid injections are not an unlimited treatment. Your healthcare team should consider previous injections, their benefit, and possible effects on the joint and surrounding tissues.

- Have a bleeding disorder or take blood-thinning medicine
- Have had a serious reaction to the planned medicine or contrast dye
- Have diabetes that is not well controlled
- Are pregnant or may be pregnant, particularly if X-ray guidance is planned
- Are unwell with a fever or are taking antibiotics like amoxicillin or doxycycline for an infection
- Are preparing for hip replacement surgery

How to prepare

Follow the treating facility's own instructions first, even if they differ from general information here.

Give the team an up-to-date list of medicines, supplements, allergies, and previous reactions to injections or contrast dye. Tell them if you take a blood thinner, have diabetes, could be pregnant, or currently have an infection.

Most hip injections using local anaesthetic do not require fasting. If sedation is planned, you may need to stop eating and drinking beforehand. Your facility will give you specific times.

Wear loose clothing that allows access to the hip. Arrange for someone to drive you home, especially if you may receive sedation or if temporary leg numbness could affect safe driving.

What happens during the procedure

You will usually lie on your back on an examination table. The team confirms which hip is being treated, cleans the skin, and places sterile covers around the area.

Local anaesthetic is injected into the skin. This may sting briefly. The clinician then guides a thin needle into the hip joint using ultrasound or fluoroscopy.

With fluoroscopy, a small amount of contrast dye may be injected to confirm that the needle is in the joint. Ultrasound shows the needle and nearby tissues without radiation.

The planned medicine is injected once the needle position is confirmed. You may feel pressure or a brief increase in discomfort. If joint fluid needs testing, some may be removed before medicine is given.

The needle is removed and a small dressing is applied. Sedation is uncommon because the procedure is brief, but it may be offered in selected situations.

Recovery and what to expect afterward

Pain: The hip may feel numb or easier to move for several hours. Pain can return when the local anaesthetic wears off. A temporary steroid flare can cause extra soreness for a day or two. Use any recommended pain relief and cold pack instructions from your facility.

Eating: You can usually eat and drink normally after an injection performed with local anaesthetic. If you received sedation, follow the facility's instructions about food, fluids, and nausea.

Activity: Take it easy for the rest of the day. Gentle walking is usually acceptable, but avoid strenuous exercise or heavy lifting for the period stated by your treating team. Keep the small dressing clean and remove it when instructed.

Driving: Do not drive home. Temporary numbness, weakness, pain, or sedation may affect your ability to control a vehicle. Follow the facility's instructions about when driving can safely resume.

Work: Many people return to desk-based work the next day. You may need more time if your job involves prolonged standing, lifting, climbing, or operating machinery.

Risks and possible complications

Most reactions are temporary, but complications are possible.

These include:

Repeated steroid injections may affect cartilage and other joint tissues. Your healthcare team should balance this concern against the expected benefit.

- Soreness, bruising, or a temporary increase in pain
- Bleeding or a collection of blood under the skin
- Infection in the skin or hip joint
- Temporary numbness or weakness in the leg
- An allergic reaction to local anaesthetic, steroid, antiseptic, or contrast
- Short-term increases in blood glucose after a steroid injection
- Temporary flushing or changes in sleep or mood
- Skin thinning, loss of fat, or colour change near the injection site
- Damage to nearby nerves, blood vessels, cartilage, or other tissues

- Radiation exposure when fluoroscopy is used

Results and follow up

If local anaesthetic was used as a diagnostic test, you may notice the effect within minutes. You may be asked to record how your usual pain changes while walking, climbing stairs, or doing another activity that normally brings it on.

Steroid medicine works more slowly. Improvement may begin over several days, although some people receive little or no benefit. Relief may be temporary.

Your clinician may arrange routine follow-up to review your pain diary, function, and response to the injection. If fluid was removed, laboratory results may take several days.

An injection that does not help does not by itself prove that the hip joint is normal. The result must be considered with your examination and imaging.

Alternatives

You can choose not to have an injection. Depending on why it was offered, alternatives may include:

A hip injection is less invasive than surgery, but its benefit is usually temporary and it cannot correct major structural damage.

- Activity changes and physiotherapy: Avoid injection risks and can improve strength and movement, but progress may be gradual
- Pain medicines: Acetaminophen or anti-inflammatory medicines may help, but they can cause side effects and may not be safe for everyone
- Walking aids: A cane or other aid can reduce pressure on the hip but does not treat joint damage
- Weight management: If relevant to you, reducing joint load may improve symptoms, but it takes time and is not a quick pain treatment
- Imaging and clinical assessment: X-rays or MRI can show structural problems, but they cannot test pain relief in the way local anaesthetic can
- Surgery: Hip replacement may provide longer-term relief for advanced arthritis, but it involves major surgery and a longer recovery. Hip arthroscopy is suitable only for selected conditions

When to call your healthcare team

For routine follow-up, contact the team if soreness is not settling after a few days, the injection has not helped after the expected trial period, or you need advice about returning to work or exercise. If you have diabetes, follow your agreed plan for raised glucose readings.

Seek urgent medical advice the same day for:

Call emergency services for difficulty breathing, swelling of the face or throat, fainting, or another severe allergic reaction.

- Increasing redness, warmth, swelling, or drainage at the injection site
- Fever or chills with worsening hip pain
- Severe pain that continues to increase
- Numbness or weakness that lasts longer than you were told to expect
- Bleeding that does not stop with gentle pressure

Common questions

Will I be asleep?

Usually not. Local anaesthetic numbs the skin, and sedation is uncommon. You may feel pressure while the needle enters the joint.

Can I drive home?

No. Arrange a ride home. Numbness, weakness, discomfort, or sedation can make driving unsafe.

How painful is a hip joint injection?

The numbing injection may sting, followed by pressure or brief discomfort in the hip. Tell the team if you have severe pain during the procedure.

When will I know if it worked?

Numbing medicine may help within minutes. A steroid may take several days. Keeping a pain diary can make the response easier to assess.

How long will the relief last?

Relief may be brief, last for weeks or longer, or not occur. The response cannot be predicted with certainty.

Can I have another injection later?

Sometimes, but repeat injections require individual review. Your team will consider the benefit, previous injections, other treatments, and possible tissue effects.

Sources

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