

## **Mixing Triamcinolone and Lidocaine**

The summary of product characteristics from Squibb, the manufacturer of Kenalog and Adcortyl state that Kenalog should not be mixed with other medicinal products as there is no compatibility data for Kenalog when mixed with other products.

Both Triamcinolone and Lidocaine are licensed medicines but mixing them is outside their licensed indication. This is a frequent issue for Drs, in many areas of practice, not just orthopaedic medicine. The term "off-license" is probably better since this implies the drug itself is "OK" and proven effective and safe but the route or indication for use is not proven, whereas unlicensed implies that there is no adequate proof of safety and/or efficacy of the drug itself in humans.

The National Prescribing Centre has produced a comprehensive guide to producing PGD's which has a section on this subject<sup>1</sup>:

Section 4.3c (page 32) asks ' *can patients receive medicines when they are outside their licensed uses?*

*'Yes, medicines can be used outside the terms of their summary of product characteristics (SPC) (and so outside their license) provided such is supported by best clinical practice. The PGD should clearly state when the product is being used outside the terms of the SPC and why this use is necessary'*

On the SOM injection course we suggest the following reasons for mixing steroid and local in one injection

- 1) The benefits of using local anaesthetic mixed with triamcinolone of immediate pain relief for the patient, reduction of post injection soreness and confirmation of diagnosis.
- 2) The longstanding and widespread practice of mixing steroid with LA such as lidocaine, has been employed widely and routinely by Doctors - both generalist and "expert" - treating musculoskeletal disorders for many years and therefore there is a "responsible body of medical opinion" supporting this type of use. This is, legally speaking, the most important defence were a problem to arise. There are likely to be many Drs working for individual Trusts who will already be doing this and therefore there is no reason why a suitably trained physiotherapist, adhering to an agreed PGD should be any different.
- 3) The adverse effects of both steroid and LA are well known and are a major part of our training program. The chance of encountering them is much reduced by choosing appropriate doses and putting them in the correct location.
- 4) Absence of reported adverse events from mixing the products. There is no evidence to show that the products are not compatible and the evidence provided by Squibb on the benefits of steroid injection includes studies which mix Triamcinolone and Lidocaine
- 5) Large numbers of published studies supporting the effectiveness of injection therapy where Steroid is mixed with Lidocaine

The options to not mixing the drugs are:

- To use a pre-mixed product such as Depomedrone with LA. Although licensed for articular and intra-synovial injection, using this premixed product would not allow the drugs to be individually tailored to each patient and lesion.
- Inject local anaesthetic and steroid separately, resulting in two injections with associated increase risks of infection and pain.

Neither of these options is considered best or evidence based practice.

## **Reference**

Patient Group Directions. A practical guide and framework of competencies for all professionals using patient group directions'. 2004 ([www.npc.nhs.uk](http://www.npc.nhs.uk))