

Oral Steroids, Bone and Healing

Long-term steroid tablets weaken bone and slow healing — and must never be stopped suddenly.

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If you take steroid tablets, this page is for you. Medicines like **prednisolone, prednisone or dexamethasone** are valuable, sometimes essential, treatments: they calm down inflammation and overactive immune responses, and they help people with asthma, COPD, and a wide range of inflammatory and autoimmune conditions live well. None of what follows is a reason to stop taking them. But these medicines do have a few effects that matter when you are having surgery, and a little planning makes everything safer. The single most useful thing you can do is simple: **tell your team you take steroids**: which one, what dose, and how long you have been on them.

What we mean by “steroids” here

The word “steroid” gets used for several very different things, so it is worth being clear. This page is about **corticosteroid tablets** (prednisolone, prednisone and dexamethasone are the common ones) taken regularly for a medical condition.

These are **not** the same as a **steroid injection** into a joint or tendon, which is a one-off, local dose given to settle a single painful area (we have a separate page on [corticosteroid injections](#)). And they are different again from the **anabolic, muscle-building steroids** sometimes used in sport, which are a completely different class of drug. When we ask about “steroids” before surgery, we mean the tablets you take regularly.

Steroids and your bones

One of the most important long-term effects of steroid tablets is on the skeleton. Long-term oral steroids are the commonest medical cause of osteoporosis, a thinning of the bone that makes it more likely to break. This matters to a surgeon because stronger bone heals and holds fixation better, and because a fracture is something we would much rather prevent.

A few things are worth knowing, because they are reassuring as much as cautionary:

- The effect is dose- and time-related, but even modest daily doses taken over months can begin to lower bone strength.
- The fastest bone loss happens early, in the first several months after starting, which is exactly why bone protection is best thought about sooner rather than later.
- It is largely manageable. Most people on long-term steroids should be thinking about bone protection as a routine part of their care.

That usually starts with the basics: enough calcium and vitamin D. For people at higher risk, your doctor may add a **bone-strengthening medicine** (such as a bisphosphonate). If you take regular steroids and no one has talked to you about your bones, it is a very reasonable thing to raise. Our [bone health and osteoporosis](#) page goes into this in more detail.

Steroids, wound healing and infection

Steroids work by dampening inflammation and the immune response, which is precisely what makes them helpful for many conditions. The trade-off is that the same calming effect can make wounds heal a little more slowly and can make wound infection somewhat more likely. Over time steroids can also thin the skin, which is why people on long-term treatment often notice they bruise easily or get skin tears from minor knocks.

None of this means surgery cannot go ahead. It simply means your team keeps a slightly closer eye on the wound, and that it is worth being gentle with the skin around a healing incision. As with smoking and alcohol (we cover those on their own pages), anything that supports healing is worth doing in the weeks around an operation.

Steroids around the time of surgery – two key points

This is the part that surprises people, so it is worth spelling out.

1. Do not stop your steroids suddenly. When you take steroid tablets regularly, your body senses there is plenty of steroid around and switches off its own production. If the tablets are then stopped abruptly, your body can be left with neither source for a while, and that can make you very unwell. So unless a doctor specifically tells you otherwise, you keep taking your steroids right up to and through your operation.

2. You may need a little extra “cover” around the operation. Surgery is a physical stress, and normally your body responds by making extra of its own steroid. Because regular steroid tablets have quietened that natural response, some people need a **top-up dose of steroid** (often given through a drip) around the time of the operation to fill the gap. This is called **stress-dose** or **steroid cover**, and your surgical and anaesthetic team plan it for you; you do not need to arrange anything yourself. It is a routine, well-understood part of looking after someone on long-term steroids.

What this means for you – the practical bit

- **Tell your team you take steroids**, and be specific: which medicine, what dose, and how long you have been taking it. If you have a steroid card or alert bracelet, bring it.
- **Never stop or change your steroids yourself**. Follow the written instructions you are given, and ask if anything is unclear.
- **Ask about your bones** if it has not already come up: calcium and vitamin D, and sometimes a bone-strengthening medicine (see our [bone health](#) page).
- Remember this page is about steroid tablets, which are different from a steroid injection into a joint and different again from muscle-building steroids.

When to seek help

Most people on steroids sail through surgery without trouble. But it is worth knowing the warning signs, because they are easy to act on:

- If you have **missed steroid doses** (for example through vomiting or illness) and feel **very tired or weak, dizzy or faint, or are being sick**: this can be a sign your body is short of steroid. **Seek medical help promptly**, and if you have an emergency steroid plan, follow it.
- Around a wound, watch for signs it is **not healing well or may be infected**: increasing **redness, swelling, warmth or pain, discharge or pus**, a wound that **opens up**, or a **fever**. Let us know.
- And as always: if you are **unsure what to do with your steroids before an operation**, ask us rather than guess. We would always rather answer the question.