Cortisone Injection

OVERVIEW
Your physician has recommended a cortisone injection. This document provides information regarding risks and benefits that are important for you to understand.

BACKGROUND
Cortisone is a type of steroid that is produced naturally in your body which is released when your body is under stress. Injectable cortisone is synthetically made, but is very similar to your body’s own cortisone, and is a powerful anti-inflammatory medication. Cortisone is not a pain relieving medication, it only treats the inflammation. When pain is decreased from cortisone, it is because the inflammation is diminished. By injecting the cortisone into a particular area of inflammation, very high concentrations of a powerful anti-inflammatory can be given while keeping potential side-effects to a minimum.

INDICATIONS
There are many conditions where inflammation is an underlying problem and is amenable to cortisone shots. These include, but are certainly not limited to shoulder impingement, arthritis, trigger finger, tennis elbow, carpal tunnel syndrome. Most of the time cortisone is given as a supplement to other treatments including rest, ice, activity modifications, other medications, and physical therapy.

RISKS AND BENEFITS
The shot can be painful, especially when given into a joint, but in skilled hands it usually is well tolerated. Often the cortisone injection can be performed with a very small needle that causes little discomfort. However, sometimes a slightly larger needle must be used, especially if your physician is attempting to remove fluid through the needle prior to injecting the cortisone. In these situations, numbing medication, such as Lidocaine, is often injected prior to draining the fluid to provide temporary relief of the affected area.

There can be side effects. Probably the most common side-effect is a 'cortisone flare,' a condition where the injected cortisone crystallizes and can cause a brief period of pain worse than before the shot. This usually lasts a day or two and is best treated by icing the injected area. Some patients can get a "hot flash", similar to what women experience around menopause. This usually occurs during the first 24 hours and then resolves. Tylenol and Benadryl can help.
manage the feeling of warmth. Patients with diabetes may have a transient increase in their blood sugar which they should watch for closely.

Other side-effects of cortisone injections, although rare, can be quite serious. The most concerning is infection, especially if the injection is given into a joint. The best prevention is careful injection technique, with sterilization of the skin using iodine and/or alcohol. If the cortisone is injected into a tendon, this can lead to weakening of the tendon and if in the future the tendon is overloaded, the risk of tendon rupture is increased. Another less common side-effect is whitening of the skin where the injection is given. This is only a concern in people with darker skin, and is not harmful, but patients should be aware of this. Typically the color change improves with time, but usually does not fully resolve.

Because cortisone is a naturally occurring substance, true allergic responses to the injected substance do not occur. However, it is possible to be allergic to other aspects of the injection, most commonly the betadine many physicians use to sterilize the skin.

There is no rule as to how many cortisone injections can be given. Often physicians do not want to give more than three, but there is not really a specific limit to the number of shots. However, there are some practical limitations. If a cortisone injection wears off quickly or does not help the problem, then repeating it may not be worthwhile. Also, animal studies have shown effects of weakening of tendons and softening of cartilage with cortisone injections. Repeated cortisone injections multiply these effects and increase the risk of potential problems. This is the reason many physicians limit the number of injections they offer to a patient.

MORE INFORMATION
One excellent source of information is on the internet. Two good internet sites for expert and peer reviewed information are the American Academy of Orthopedic Surgeons at www.aaos.org and www.emedicine.com.

FEEDBACK
If you have questions or comments, please contact the office or submit them to the web site at www.pedortho.com.