

Cortisone Injections

Cortisol is a hormone naturally produced by the adrenal gland, and is involved in the body's response to stress and inflammation. Corticosteroids are synthetic drugs that closely resemble cortisol, and have an anti-inflammation effect. Corticosteroid (cortisone) injections are sometimes used to treat musculoskeletal pain.

What Are Some of the Possible Side Effects?

Adverse side effects may include:

- Infection. This is rare (one case in thousands) but very serious when it does occur.
- Skin depigmentation and atrophy. This may occur with subcutaneous injection.
- Pain at the injection site, usually mild.
- Facial flushing, irregular menstrual bleeding. Transient.
- Altered blood sugar control for several days in diabetic patients.
- Weakness of tendon tissue predisposing to tissue rupture if injected into tissue substance eg. Achilles tendon infection
- Overall tissue deterioration with repeated injections

How Is It Administered?

Injection of a mixture of cortisone and local anaesthetic. Sometimes this is done in the office, sometimes it is performed by radiologists under image guidance (often ultrasound guidance). Image guided injections may more consistently reach their 'target' in some regions that are harder to precisely locate without image guidance.

Implications and Uses for Cortisone Injections

- Frozen shoulder – commonly used and effective during the painful stages of frozen shoulder, injected into the glenohumeral joint. May be given by experienced clinician or under image guidance.
- Calcific tendinitis – commonly used as a subacromial injection with fenestration of calcium deposits under image (ultrasound) guidance

- Subacromial impingement – sometimes used for bursitis, tendinitis, partial thickness rotator cuff tear. May be given under image (ultrasound) guidance or by an experienced clinician.
- Rotator cuff tears – occasionally used for rotator cuff tears if surgery not being planned as the initial treatment
- Acromioclavicular (AC) joint pain – sometimes used for AC joint pain given under image guidance
- Glenohumeral arthritis – occasionally given for glenohumeral arthritis if surgery not planned.
- Elbow and wrist tendinitis – occasionally used for medial or lateral epicondylitis and wrist tendinitis (eg. De Quervan's tenosynovitis).
- Knee inflammation – sometimes used for inflammatory conditions like inflammatory arthritis, crystal arthropathies and bursitis.

How Long Do They Last?

Patients often report improvement occurring soon after or days after injection and sometimes symptoms remain "settled" in the long term. Sometimes, however, patients report recurring symptoms with varying severity after weeks or months. Generally if there is no improvement or only short term improvement after a well-placed injection, the injection is not repeated as a better response is unlikely. Sometimes if patients have a series of injections, they report each successive injection as being less effective.

After Injection

After cortisone injection patients are usually advised to take things fairly gently in the first couple of weeks and avoid large loads or forces through the affected region.