

Orthopaedic Connection

Primer On Steroid Injections

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Transforming patient information into patient understanding.

It is amazing how different patient's reactions are to the term "steroid injection". It is also perhaps more commonly called a "cortisone shot" by patients. I have always preferred the term steroid injection probably because it sounds more professional. At any rate there is tremendous misunderstanding about the procedure among my patients and the population in general.

Steroids and Cortisone is an extremely broad subject so I must point out that I am only writing about how I use them in my practice of Orthopaedic Surgery. Each surgeon might have a little different approach. Therefore this is my approach, my *Ortho-pinion*. Hmm, I like that. Maybe I'll use it again!

In The Beginning

It has been sixty five years that physicians have been using cortisone preparations in the form of injections to reduce pain and inflammation in and around joints. Steroids are very potent in suppressing inflammation. I have used steroids effectively for many years.

Steroids are not a cure for arthritis, which is a very important concept to understand.

How I Do It

Most of my patients are squeamish when it comes to injections, which I suppose is natural. If someone comes in saying they like injections I get sort of nervous!

If I have determined that a patient would benefit from a steroid injection this is how it is done.

- I locate the optimal place for the injection and mark it with a small plastic circle indentation in the skin.
- The area is sterilized with Betadine (Iodine).
- Next I inject the skin and tissue beneath with a local anesthetic.
- I wait several minutes to allow the area to become numb.
- I inject the joint, bursa, etc. with the steroid and a local anesthetic.
- Presently our office uses Ultrasound to be certain the injection goes exactly where I want it.
- A small sterile pad is placed over the injection site. That's it.

What Is A Steroid

A steroid is a man made drug similar to the drug your adrenal glands make called Cortisol. There are a large number of steroid medications to choose from. I mainly use two. Kenalog and Celestone are the ones I use most frequently. They have stood the test of time in my office.

Caution!

Anyone injecting steroids into joints has to be certain that there is no infection in or around the joint. I know this from my exam, many years of experience and examining the joint fluid in some cases prior to injection. The last thing a joint needs is to have cortisone injected if infection is present.

In diabetic patients there is often a temporary rise in blood sugar.

The Benefit

Injecting an arthritic joint in a properly selected patient can be very gratifying for the patient and me. Comfort returns, function improves, happy patient. Whether to inject at all is made on an individual basis. It is very hard to predict who will derive the most relief of symptoms. It depends a lot on what degree of arthritis is present in the joint. How long the injection lasts is also unpredictable. I always hope for several months or indefinitely, but you just have to wait to see.

Steroid injections are one of our most valuable conservative treatments and are used complimentary to other forms of treatment that are available.

I always use the least amount that will help the patient and am careful to only give a steroid injection infrequently.

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