

Orthopaedic Connection

More About Steroid Injections

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Transforming patient information into patient understanding.

Exercise Is Medicine

I said last week as class was ending that a very good concept to keep in mind is “Exercise is medicine.” In many situations when I am treating a joint problem I prefer that the patient or patient and physical therapist try to mobilize the joint before resorting to a steroid injection.

This applies whether the painful joint actually has arthritis or not.

Important Point

Often the physician will tell a patient that “you have arthritis” referring to anything that hurts around a joint as arthritis. Well.....that may be true sometimes, but you really can't be sure without a good set of x-rays. So I am careful about using that diagnosis unless I have actually seen the x-rays and I see joint space narrowing, spurs, etc.

So the x-ray is the key in telling me whether the painful joint can be mobilized and improved by exercise before doing a steroid injection.

Any joint will feel better at least somewhat if its range of motion can be improved.

Why Does A Shot Help?

A steroid injection (usually Celestone or Kenalog) mixed with a local anesthetic (Xylocaine) that is administered into the joint relieves local inflammation usually for weeks or months.

It is much more direct than non steroidal anti-inflammatory medication and acts faster. If swelling from excess joint fluid is present I remove the fluid first.

As with any treatment, an injection does not guarantee pain relief.

Potential side effects include temporary flushing, elevated blood pressure and elevated blood sugar.

Not Indicated

Not every patient is a candidate for a steroid injection. A swollen, painful joint may be caused by an infection which I always need to keep in mind. In that situation a steroid injection can make the condition worse.

Also I have to use good judgment in how often an injection can be used in a chronic condition. It varies, but perhaps up to three times per year would be a good rule.

Conclusion

So the answer to the question is a steroid injection worth considering is maybe.

There are many things I need to keep in mind about the patient when I decide to proceed with an injection.

I also want you to know that typically the injection is not painful, because I first numb the skin and underlying tissue with a local anesthetic such as Xylocaine much the same as dentist would do. Then I wait several minutes before returning to give the steroid injection itself. Patients appreciate that approach and it usually is minimally painful and more comfortable than what the patient was expecting!

Well, there you have it, a short course on steroid injections. Hope you have a good week.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website

I hope what you have read has raised questions. No problem!

Please log onto www.orthopodsurgeon.com. It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.

Check it out and be amazed what you can learn.

Good health. Good life. All the best to you. Be well.

Dr. Haverbush