

QUESTIONS AND ANSWERS ABOUT CORTISONE INJECTIONS

What is cortisone?

Cortisone is a hormone that is produced by the body's adrenal glands and is a natural anti-inflammatory steroid. Medical cortisone is a synthetic version of human cortisone that is more potent and lasts much longer.

How does it work?

Cortisone injections work by decreasing inflammation in the injected area. Once the inflammation subsides, pain relief usually follows. By itself, cortisone is not a pain killer.

How long does it take to work?

Although there is no way to precisely predict the body's response to a cortisone injection, most patients will begin to feel relief of their symptoms within 48 to 72 hours after the injection. When inflammation is severe or if the condition is chronic, the cortisone might need several days to take effect. Sometimes, another injection is required.

How long will it last?

There is no way to predict how long a person will receive relief from their symptoms with a cortisone injection. Some people will experience complete relief of their symptoms, some will have relief that lasts for several weeks or months, and others might get little to no relief. The degree of relief experienced will vary from person to person and is dependent to a large extent upon the severity of the inflammatory process being treated.

What are common reasons for a cortisone injection?

The injections are for the treatment of medical conditions in which inflammation is an underlying issue, including arthritis, bursitis, carpal tunnel syndrome, trigger finger, and tendinitis.

Can a person have more than one injection?

Yes. There is no rule as to how many cortisone injections a person may have. The number of injections that a person can have will vary from physician to physician. The physician's decision is based primarily on the patient's response to the injections. If the cortisone injections prove to be effective in treating the patient's symptoms, it is not unusual to receive multiple injections in the same body part over the course of several months or years. If a cortisone injection wears off quickly or does not help at all, then repeat injections might not be a viable option.

continued on next page...

Are there side effects to a cortisone injection?

Yes. The most common side effect is a condition known as “cortisone flare” or “steroid flare.” This is a brief and temporary increase in the pain that occurs when the injected cortisone crystallizes within the tissue. There is no predicting whether a person will or will not experience a flare. If this condition should occur, it usually lasts a day or two and is best treated by icing the area. Occasionally, people experience flushing in the face, which can last a few days. In rare cases, cortisone has been known to cause the skin around the injection site to lighten in color. This is a harmless effect that only affects patients with darker complexions.

Are there any risks to a cortisone injection?

Yes. Any puncture of the skin is accompanied by the risk of infection. To minimize this risk, the patient’s skin is scrubbed with iodine or some other antiseptic, and all needles and syringes are sterile and disposed of after use. Any injection of medication is accompanied by the risk of an allergic response to the injected material. Long-term risks to persons receiving multiple or high-dose cortisone injections include the potential for weakening of tendons, softening of cartilage, and fat atrophy in and around the injection site.

Who is at greatest risk for complications from a cortisone injection?

Patients with diabetes might experience a temporary increase in their glucose levels following a cortisone injection and should take steps to closely monitor their blood sugar. Also, patients with known allergies to iodine or anesthetics, such as Lidocaine or Marcaine, would be at increased risk for an allergic response.

What is expected routinely with a cortisone injection?

The injected cortisone is diluted with a local anesthetic, such as Lidocaine or Marcaine. This medication will usually result in numbness of the injected area that lasts a few hours. When this numbing medicine wears off, it is not unusual for a person to experience achiness in the injected area simply due to the injection itself. Not everyone experiences this sort of achiness, but if it should occur, it is normally very temporary and is best treated with icing and/or medications, such as Tylenol or Ibuprofen.

HOME MODALITIES

Only perform these as directed by the physician or hand therapist. To help us better assist you with symptom management, please feel free to share information about other medical conditions you have that may cause sensitivity to hot or cold.

COLD THERAPY

Your swelling and pain can be reduced by cooling and numbing the area affected by these problems. It may be uncomfortable at first, but keep icing as you are able. Icing in intervals may be necessary to tolerate the cold while completely numbing the area. Monitor your time with cold therapy and watch out for white skin. Red skin is OK.

Cold Water Soak: Fill a basin with enough cold water to immerse your fingers, hand, and wrist. A basin can be a sink, dish basin, pitcher of water, or a small trash can. Soak for 5-10 minutes.

Ice Massage: Use an ice cube with one end wrapped in a paper towel and apply the exposed ice to your injured area for 5-10 minutes as tolerated. You can also try ice contained in a paper Dixie cup. Tear off the top of the cup to expose the ice and apply to your skin.

HOT THERAPY

Stiffness and soreness can be alleviated by applying heat to the affected area. Heat loosens up your muscles for stretching and exercises. Note that heat therapy is not recommended for treating inflammation, which is characterized by redness and throbbing pain. Inflammation typically does not respond well to heat, even though it may seem to provide short-term relief. Monitor your time with heat therapy. Be sure to look for burns if you have any nerve issues and watch out for very red skin.

Hot Water Soak: Fill a basin with bath temperature water and immerse your fingers, hand, and wrist. Basin can be a sink, dish basin, pitcher of water, or a small trash can. Soak for 5-10 minutes.

Hot Pack: Using a pack that emits both heat and moisture is recommended. Many commercial hot packs have a moisture component, but look over the packaging carefully. Alternatively, you can make a moist hot pack in two ways:

- If using a non-electric heat pack, you can add a moisture component by placing a damp washcloth between your body and the pack.
- Fill a sweat sock with uncooked rice and secure the end with a knot. Heat in the microwave for 30-120 seconds.

Paraffin: Paraffin is a warm wax with essential oils to prevent burns. Many people use a paraffin machines at home. Follow the manufacturer's instructions if you decide to use this therapy. We recommend 6-10 dips into the wax and wrapping your hand in a towel. Do not use paraffin if you have open wounds.