



HAND to
SHOULDER
CENTER

o f w i s c o n s i n[®]

PATIENT EDUCATION: CORTISONE INJECTION

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Cortisone is the strongest anti-inflammatory medication available and it is used in the treatment of inflammatory problems such as tendonitis, bursitis, and joint inflammation from injury, arthritis, carpal tunnel syndrome and other muscular, bone or joint problems.

The “cure rate” of a single injection depends on the diagnosis: DeQuervain’s tendonitis, ganglion cyst of the tendon sheath and early carpal tunnel syndrome may get long-term relief or cure from a single injection. Severe osteoarthritis, long-standing carpal tunnel syndrome or a large ganglion of the joints will often recur. However, the injection may give substantial symptomatic relief. The peak of pain relief occurs in 1-2 weeks.

SIDE EFFECTS from the injection are usually minimal but may include:

1. Most commonly, some tenderness at the site of the injection for 24-48 hours: Local ice application may be helpful along with Aspirin or Tylenol.
2. Numbness lasting from one-half hour to several hours: Almost all injections include a combination of cortisone preparation and local anesthetic which will wear off in a short period of time. For carpal tunnel injections, the thumb, index, middle, and ring fingers may get numb which is why we usually don’t inject both hands if you have driven to the office by yourself.
3. Facial flushing, warmth or “hot flashes”: The amount of cortisone used in a single injection is quite small. Therefore, this side effect is extremely rare and if it occurs, it is mild and is gone within hours. If multiple areas are injected at the same appointment, it is somewhat more likely to occur, particularly in women over the age of 50.
4. Multiple injections in the same area (more than 3-4 in a period of a few months) can cause skin depigmentation, atrophy (wasting away) at the site of injection, and even nerve, joint, and bone deterioration. Therefore, we do not often recommend multiple repeated injections. Occasionally, if the problem is only partially relieved by the first injection we will reinject one more time within that three-month period.
5. If you are diabetic, check your blood glucose levels more closely for the next few days, and report any major changes to the doctor that manages your diabetes.

Cortisone injections, when appropriately used, can be very helpful in the treatment of inflammatory problems and can also be helpful in cases where diagnoses are difficult or uncertain. If you have any additional questions regarding your injection, please let us know

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