Cortisone injections

**Indications:** Cortisone injections are given to reduce pain and swelling caused by multiple inflammatory conditions to include osteoarthritis, rheumatoid arthritis, gout, bursitis and tendonitis.

**How it works:** Cortisol is a natural hormone produced by the adrenal gland that reduces the immune response. Semi-artificial derivatives such as Kenalog, DepoMedrol and Celestone are used to suppress inflammation.

**What to expect:** The corticosteroid is often given in combination with a local anesthetic combination such as Maraine and Lidocaine. The anesthetic usually provides pain relief within about 10 minutes of the injection. This is a temporary agent and will wear off in 4 to 8 hours after the injection. The cortisone generally begins working in 2 to 3 days. Often times patients feel more pain the day after the injection because the anesthetic has worn off and the cortisone has not yet taken effect. It is unpredictable how long these injections will provide relief. Symptom relief ranges from a few weeks to several months.

**Risks:** Risks include local infection, irritation, or depigmentation at the injection sight. Those patients with diabetes must watch their blood sugars and adjust their medications as the steroid will often elevate blood sugars for approximately 72 hours. There is a mild amount of systemic absorption although most of the medicine stays fairly localized.

**When to call:** Call immediately if redness or warmth develops at the injection sight.

**Frequency of Injections:** Frequency of injections varies depending on the site. Osteoarthritic joints can usually be injected up to 4 times a year as long as the cortisone remains effective. Tendonopathies usually tolerate less frequent injections as cortisone can weaken the tendons and ligaments with repeated use.