



PRAIRIE

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Information on your Cortisone Injection

What is cortisone?

A cortisone injection is a therapeutic injection that consists of a mixture of 2 substances. The first is a local anesthetic – i.e. “freezing” (usually 1% lidocaine, 0.5% ropivacaine, or 0.25% bupivacaine). Its effects may last anywhere from one to a few hours. The second substance is cortisone (usually Depo-medrol/methylprednisolone).

How does cortisone work?

Cortisone is a powerful anti-inflammatory; it is often very effective in decreasing inflammation and reducing pain. Your Physician/Surgeon feels your symptoms are related to either inflammation or degeneration within your joint(s) or soft tissues, and has suggested a cortisone injection to help address this. Sometimes the cortisone injection is administered as an isolated treatment. However, most times it is used in combination with physiotherapy to restore strength and proper biomechanics; the cortisone will help settle down the pain and inflammation to allow you to more effectively rehabilitate your affected area.

Ideally the injection will alleviate your symptoms permanently, although sometimes its effects are temporary, and it is possible the injection may not help at all. The effects of cortisone can begin to be felt a couple of days after the injection, but could take up to a week or so. It is normal that your joint(s)/soft tissues will ache for a day or so after the injection once the freezing has worn off but before the cortisone has taken effect. You may take Tylenol/acetaminophen and/or anti-inflammatories (Advil/ibuprofen, Aleve/Naproxen, etc.) if needed.

What do you need to know about your cortisone injection?

The cortisone injection may be performed by your Orthopaedic Surgeon or Sports Medicine Physician, or in some cases by a Radiologist. Sometimes the injection may be performed under image-guidance (i.e. x-ray, ultrasound, or CT) when the joint or soft tissue to be injected is small, difficult to access, or has important structures (i.e. nerves or arteries/veins) in close proximity. The injection is quite safe, but there are a few small **risks (see second page)**. Please notify whoever is performing the injection of any allergies you may have **prior to the injection**. Note that a vasovagal (fainting) episode from the injection is quite rare, however you should ensure you eat breakfast/lunch prior to the injection to minimize this risk.

Are cortisone injections covered by Saskatchewan Health Benefits?

Cortisone injections are only covered by Saskatchewan Health Benefits when they are performed at the hospital. We offer cortisone injections at our office which can be more convenient and many times faster than having them done at the hospital. However, there is a cost associated with this (for the cortisone, local anesthetic/freezing, and other materials needed to perform the injection). Note that this may be covered by some private insurance plans.

The cost of these injections can be found on our website (<https://prairieorthopaedics.com/injections>). Payment in full to be made at the registration desk on the day of your appointment. Payment is by credit card or debit only.

What are the risks of a cortisone injection?

The injection is quite safe, but there are a few small risks, including (but not limited to):

- **Pain, Swelling, Stiffness.** It is normal to have a bit of pain, swelling, or stiffness within the first 1-2 days after an injection, due to the injection itself. You may take Tylenol/acetaminophen and/or anti-inflammatories (Advil/ibuprofen, Aleve/naproxen, etc.) if needed.
- **Inflammatory Response.** A small proportion of patients will develop an acute inflammatory reaction to the injection. This usually presents within the first 24 hours of the injection. It is characterized by pain, swelling, redness, and warmth. It may look similar to an infection. The difference is that it will generally begin to develop within the first 24 hours after the injection (whereas an infection often takes a few days or so to develop) and generally there will not be fevers (temperature > 37.8°C) or chills. This inflammatory reaction generally lasts for 2-3 days. Taking an anti-inflammatory, such as Advil/ibuprofen or Aleve/naproxen, as well as an analgesic, such as Tylenol/acetaminophen, will help. Icing the area 20-30 minutes at a time, several times per day may also help. Please notify our office if you develop this reaction and it lasts longer than 3-4 days, or present to your nearest Hospital/Emergency Department for assessment if you are concerned.
- **Infection.** This is a concern with any injection into a joint. It is characterized by increased pain/swelling/redness/warmth of the injection site, fevers (temperature > 37.8°C) and/or chills, and generally feeling unwell. This is very serious and could require an operation to wash out the infection in your joint, as well as a period of intravenous antibiotics. It could also permanently damage the joint. Fortunately, it is rare, only occurring in (roughly) 1 in 10,000 injections. Please notify our office or present to the nearest Hospital/Emergency Department urgently for assessment if you think you have developed an infection. Note that an infection will generally (although not always) present 3-10 days after the injection, while an inflammatory response or pain/stiffness/swelling due to the injection itself will occur within the first 24-48 hours.
- **Weakening or rupture of tendons.** Cortisone can weaken tendons if it is injected directly into or in close proximity to tendons. This could lead to tendon rupture. Repetitive cortisone injections increase this risk. Avoid heavy lifting or intense activities within 1-2 weeks of an injection, when the risk of tendon rupture is greatest.
- **Weakening or death of bone.** Cortisone injections can weaken or soften the bone. There is also a risk of osteonecrosis, where the blood supply to the bone is disrupted and the bone dies and collapses. These risks are increased with repetitive injections, but could occur with a single injection.
- **Other Risks:** allergic reaction, injury to nerves/arteries/veins/cartilage, temporary increase in blood sugars, skin atrophy or color changes, vasovagal (fainting) episode.

If you have any questions or concerns, please contact our office.