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Information on your Diagnostic Injection (with Cortisone)

What is a diagnostic injection with cortisone?

A diagnostic injection consists of an injection of a long-acting local anesthetic – i.e. “freezing” (usually 0.5% ropivacaine) and cortisone (usually Depo-medrol/methylprednisolone) into your hip joint. The freezing usually lasts for a few hours, and if there is anything inside your hip joint that is causing pain, the injection should (temporarily) eliminate that pain. The cortisone, which is a powerful anti-inflammatory, should take effect within a couple of days, and (similar to the freezing) should eliminate any pain originating from inside the hip joint. A diagnostic injection will help your surgeon determine if your symptoms are coming from an intra-articular source (i.e. within the hip joint itself). If this is the case, then you may be a candidate for hip arthroscopy surgery. However, if the cause of your symptoms is an extra-articular source (i.e. from the hip area but outside the hip joint itself) then it is unlikely that surgery would help your symptoms.

What should you do before/after your diagnostic injection with cortisone?

Prior to your injection you should try to irritate your hip so that your hip is aching when you go in for your injection (if you are not having any pain in your hip at the time of your injection then it will be difficult to determine if the injection helped). Then, within the first couple of hours (while your hip is still frozen), try to do activities that would normally irritate your hip (ex. go for a run, do squats, twist hip, etc.). They may tell you at the hospital to take it easy after the injection, but your Surgeon wants you to try to irritate your hip to see if the injection has helped your symptoms. Note: it is normal that your hip will ache for a day or so after the injection, once the freezing has worn off. You may take Tylenol/acetaminophen and/or anti-inflammatories (Advil/ibuprofen, Aleve/naproxen, etc.) if needed.

What else do you need to know about your diagnostic injection with cortisone?

The diagnostic injection may be performed by a Sports Medicine Physician under ultrasound guidance at our clinic, or by a Radiologist under x-ray or ultrasound guidance at the hospital. In this second scenario, the Radiology Department will contact you to set up an appointment for your diagnostic injection. If done at our clinic, there is a charge for this injection to cover the cost of the supplies required for the injection. The cost of these injections can be found on our website (<https://prairieorthopaedics.com/injections>). Payment can be made by credit card or debit only, and is to be paid in full at the registration desk on the day of your appointment. If done at the hospital there is no cost for this injection. Once you have a time & date scheduled, please contact our office to schedule a follow-up appointment for approximately 1-2 months after the injection to go over the results. 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.

What are the risks of a diagnostic injection with cortisone?

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.