



# PRAIRIE

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## Information on your Long Head of Biceps Injection

### What is a long head of biceps injection?

Your Orthopaedic Surgeon or Sports Medicine Physician feels that your symptoms may be coming from an inflamed or degenerative long head of the biceps tendon. An injection into the sheath surrounding this tendon may be both diagnostic and therapeutic: it may help determine that your symptoms are indeed coming from the long head of biceps tendon (diagnostic), and it may also help alleviate your symptoms (therapeutic).

The injection 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 the long head of biceps injection work?

The freezing in the injection will temporarily block any pain signals coming from the long head biceps tendon or its surrounding sheath, helping aid in diagnosis. The cortisone in the injection is a powerful anti-inflammatory, and will work to decrease inflammation and reduce pain, having a therapeutic effect.

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 long head of biceps injection?

The injection will be performed under ultrasound-guidance by a Sports Medicine Physician at a clinic, or in some cases by a Radiologist at the hospital. 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 long head of biceps injections covered by Saskatchewan Health Benefits?

Long head of biceps injections are covered by Saskatchewan Health Benefits when they are performed at the hospital. We offer these 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>) under the cortisone price. Payment in full must 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 long head of biceps 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.**