



Orthopedic Associates OF PORT HURON

Cortisone Use in Orthopedics

What is Cortisone and How Does it Work?

Cortisone is a strong anti-inflammatory medicine. Most types of muscle, bone and joint pain are associated with inflammation of the tissues. By controlling inflammation, cortisone helps reduce or eliminate the pain with this conditions.

How is Cortisone Given?

Cortisone can be taken by mouth or it can be injected. For many types of tendonitis and joint inflammation, an injection is much more effective and works more quickly. In addition, smaller doses are given with injection than are taken orally. This is because it puts the medicine directly where it is needed as opposed to diluting it in the bloodstream before it arrives at the source of the problem.

What Conditions are Treated with Cortisone?

Almost any painful muscle, tendon, bone or joint problem and many nerve conditions can be treated with cortisone.

Some common conditions include:

- Tendonitis
- Rotator cuff tendonitis of the shoulder
- Tennis elbow
- Trigger fingers
- Plantar fasciitis of the foot (heel spurs)
- Joint inflammation
- Pain
- Swelling or arthritis of the shoulder, elbow, wrist, fingers, knee, ankle and foot
- Nerve inflammation
- Carpal tunnel syndrome
- Morton neuromas in the foot
- Muscle inflammation
- Neck and back pain
- Trigger points

Is Cortisone a Cure or a Temporary Fix?

It depends on the condition. Many times, with a simple inflammatory condition a single injection can cure the problem. On occasion, an additional follow-up injection may be necessary to “complete the job”.

Sometimes even temporary relief is helpful. Physical therapy is often facilitated by reducing or eliminating inflammation and pain with a cortisone injection. This allows the patient to work on the stretching, strengthening and conditioning necessary to rehabilitate an injury.

Obviously, an injection can not be expected to cure a chronic arthritic condition. An injection can, however, certainly give an extended period of symptom relief.

How Often Can Cortisone Be Given?

This depends upon the condition and structure in question. With an arthritic joint, there are no specific limitations on cortisone. For example, an arthritic knee can be re-injected as long as it gives reasonable relief. Generally we do not like to give it more often than every few months. Basically, it is either going to work or not work. If it becomes apparent it only gives a relatively short and temporary effect, we will usually recommend some other type of treatment after several injections.

Are There any Complications?

Yes, there are, but fortunately complications with cortisone are extremely rare. They include:

- Oral Cortisone
 - Short term: when given by mouth, cortisone very rarely causes any problems. It does not cause drowsiness and a person rarely feels anything other than relief of their pain symptoms. Sometimes patients will complain of a “flushing” sensation. Cortisone can cause loss of sugar control in diabetics, and stomach or gastrointestinal upset can also occur. Remember that cortisone is often given to counteract reactions, so it is quite rare that it causes a reaction.
 - Long term: Too much cortisone over a long period of time can cause organ and tissue damage. That is why a standard course of oral cortisone only lasts a little over a week.
- Injectable Cortisone:
 - Too many cortisone injections can cause tissue damage or tendon rupture. Again it depends upon the location of the injection. Multiple tennis elbow injections are very safe, but

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only a limited number of trigger injections are advisable. Other areas such as Achilles tendons are rarely injected for fear of tendon rupture.

Isn't Cortisone a Steroid?

It is true that cortisone is a type of steroid. However, like all drugs and medications, when taken appropriately, it is very safe. Steroids can be harmful if taken in high doses over long periods of time. We do not generally use cortisone in this manner in Orthopedics.

Taking cortisone is like breathing oxygen when you are out of breath. We have a normal level of cortisone in our bloodstream. When we give cortisone, we are temporarily boosting these levels for the anti-inflammatory effect, but the medicine is only given for a short period of time, and the blood levels then quickly return to normal.

What Can I Expect After the Injection?

This can be explained with three phrases:

- Immediate: Naturally, all injections cause pain to some extent. The amount of pain depends both on the patient's pain tolerance and the location of the injection. This is short term and resolves within a few minutes.
- Intermediate: Next, you will usually experience a period of numbness lasting up to several hours. This is because the cortisone is mixed with a numbing agent similar to that used in a Dentist's office. We usually use either Lidocaine or Marcaine. Sometimes, you might experience a rather severe burning pain the night of or the day following the injection. This is a fairly common experience and you should not be alarmed. It will help to apply ice to the area. This invariably passes in 24 to 36 hours.
- Long Term: You may experience immediate relief of your problem, or it may take anywhere from a few days to a few weeks to know the final result of your injection. In general we recommend you give at least three weeks, and if needed, reschedule and appointment for follow-up.

Summary: Cortisone, given both by mouth and by injection, when used appropriately is very safe and effective. It remains a common and standard treatment for many types of Orthopedic problems, including arthritis, tendonitis, muscle and joint inflammation, and other common conditions such as trigger fingers and carpal tunnel syndrome.

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