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STEROID INJECTIONS

Steroid injections have been used for many years in Orthopedics to “treat” pain. Most commonly, they are used to diminish pain associated with arthritis of a joint, bursitis or degenerative tendon problems. Despite widespread use, there are several misconceptions about steroid injections and their effect on human tissue.

First, steroids were frequently used in the past, before current minimally invasive surgery (arthroscopy) or imaging (MRI) in order to “treat” a variety of Orthopedic conditions. They are effective at reducing pain associated with inflammation and degeneration and are “less risky” than major open surgery. However, recent research shows that steroids have a substantial negative affect on most human tissue, including muscle, tendon and joint cartilage. In fact, injecting a tendon directly, even once, can lead to rupture. The dangers are even more pronounced when injections are repeated, as there is a cumulative degradative effect. Thus, the use of steroids has been more limited in the state-of-the-art sports medicine practice over the last decade.

Steroids are potent anti-inflammatory medicines that are usually injected into the painful site. They inhibit the inflammation that is necessary for healing; and thus actually *PREVENT* healing. In some cases, this is of minimal consequence. In others disorders, it can lead to weakening of the tissue and more complex problems (e.g rotator cuff tears).

Steroid injections are useful in diminishing pain for the following problems, as long as only 1 or 2 are used in *TOTAL*: 1) Bursitis of the shoulder (early rotator cuff degeneration without known tears, 2) bicep tenosynovitis of the shoulder, 3) moderate to severe arthritis of any joint, 4) bursitis around any tendon (but not within the tendon itself), 5) incomplete muscle tears (e.g. hamstring), 6) degenerative tendon disease of the elbow (e.g. tennis or golfer’s elbow) and 7) massive non-repairable tears of the rotator cuff. Multiple injections will lead to tissue necrosis (death) and potential worsening of the problem over time and should be avoided. “Masking” pain is never a good idea as this eliminates the body’s natural defense mechanism and can lead to further injury. In addition, many disorders are not inflammatory in nature despite the relief often experienced following an injection (e.g. tennis elbow). I use them sparingly in those cases but there may be better alternatives.

When using steroid injections, I often include a small amount of local anesthetic. This decreases pain immediately and helps to determine if the site injected is the key pain generator. The anesthetic will typically last several hours and the steroid will take 1-2 days to take effect. There can be a “steroid flare” in some people, which can cause an **increase in pain** for 1-2 days. It is NOT an allergic reaction. The use of ice and an NSAID (e.g. ibuprofen or naproxen) can help minimize the onset of a flare. ***DO NOT TAKE NSAIDS IF ALLERGIC TO ASPIRIN OR ANY KNOWN NSAID ALLERGY.***

If you develop a rash or redness at the site of the injection, please let us know. Often, this is just local tissue reaction and is self-limiting. However, it can indicate an allergy to the anesthetic or an infection. Localized numbness can also be annoying but is usually limited to just a few days.

If the injection should help significantly, but not last, you and I would need to discuss whether to repeat the injection OR definitively fix the problem with surgery. The other choice, as mentioned, is to just ignore it. Obviously there are many factors that help you and I decide the best treatment options available. We will discuss the risks/benefits of each choice before proceeding. Some options are not FDA approved and may not be covered by your insurance, despite their effectiveness.

If you have ANY questions, please feel free to contact my medical staff at info@AZISKS.COM, check my website or email me at dsb@azisks.com

We thank you for the opportunity to take care of you and will work to help you achieve a fast and comfortable recovery and get back to the life and activities you enjoy.