



Patient Information

Cortisone

CONSENT FOR CORTISONE INJECTION

What is Cortisone?

Cortisone is the name used to describe a group of drugs correctly known corticosteroids. The types of cortisone used at Specialist Sportscare WA include Celestone (Betamethasone), Kenacort (Triamcinolone) and Depo-Medrol (Methylprednisolone). Cortisone is used to treat pain in various parts of the body where inflammation is felt to be the cause of this pain. The reason why cortisone is effective in treating such pain is because it is a powerful anti-inflammatory. Cortisone is NOT an illegal steroid medication such as those steroids used by some body builders and athletes.

Why inject Cortisone?

In regard to musculoskeletal problems, cortisone injections are performed in order to reduce or even eliminate pain associated with a variety of disorders, such as:

- Bursitis (most commonly subacromial and trochanteric bursitis)
- Arthritis (any joint may be injected, including joints of the spine)
- Nerve pain (most commonly for sciatica and carpal tunnel)
- Tendinitis and Tenosynovitis (such as plantar fasciitis, trigger finger, De Quervain's tenosynovitis, Tennis and Golfer's elbow)
- Other miscellaneous conditions where inflammation is a contributor to the pain, (frozen shoulder/ adhesive capsulitis, Morton's neuroma, ganglion cyst injections and Dupuytren's contracture).

What is involved?

- The skin is prepared using an antiseptic agent.
- The needle is then guided into the relevant body part using radiological equipment, namely an ultrasound scanner and probe. The guidance allows a high dose of cortisone to be accurately delivered into the area of suspected/proven pain without the side effects of taking cortisone tablets. This gives you the best chance of pain relief, as injections performed without guidance may not work due to incorrect placement of cortisone.



What is involved ? (cont)

- The degree of discomfort during the procedure is generally mild as the needle used is fine and local anaesthetic is mixed in with cortisone. If only one pass is planned (meaning that the needle will only penetrate the skin once) then local anaesthetic is usually NOT injected into the skin. It is our experience that injecting local anaesthetic into the skin in a single pass procedure is actually more painful, as local anaesthetic stings a little prior to taking effect. Also, the needle used to inject the local anaesthetic results in similar discomfort as the needle delivering the cortisone. Local anaesthetic is only injected into the skin if more than one pass is made through the skin. Of course, if you wish for local anaesthetic to be injected despite our recommendation, we are happy to do this.
- A greater degree of discomfort may occur if:
 - the underlying inflammation is severe
 - the area to be injected is severely painful
 - the needle tip requires to be repositioned several times in order to distribute the cortisone effectively
 - a previous bad experience has resulted in a fear of needles, or there is a general anxiety/phobia of needles and other medical procedures.
- In cases where a cyst, ganglion, bursa or joint is distended with fluid, the cortisone will be injected after an attempt to aspirate (remove) the fluid in order to improve patient comfort.

Benefits, Risks, Complications and Side-Effects

As for all medical procedures, there are risks associated with the administration of any medication, including cortisone. However this procedure is more likely to provide you with a benefit, such as pain relief. This benefit outweighs the small risk of suffering from the side effects (discussed below). The decision to inject cortisone is not taken lightly and is carefully made by your referring or treating specialist doctor and based on your signs, symptoms and past medical history, as well as the suspected diagnosis. Frequently, a trial injection is made where the diagnosis is not clear, however the body region injected is suspected of causing your pain.

The risks of a cortisone injection include:

- Allergy to any of the substances utilised during the procedure, such as the cortisone, dressing, local anaesthetic or antiseptic. This is usually minor and self limiting.
- The cortisone may result in palpitations, hot flushes and mild mood disturbance. This usually resolves within 24 hours and no treatment is necessary.
- Infection. Infection is a rare but serious complication, especially if injected into a joint. Most infections take at least a day or two to manifest, so pain at the injection site after 48 hours is considered to be due to an infection until proven otherwise. Even if not definitively proven, you may be commenced on empirical antibiotic treatment.
- Local bruising.



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Benefits, Risks, Complications and Side-Effects (cont)

- Localised skin and subcutaneous fat atrophy (thinning resulting in dimpling).
- Hypopigmentation (whitening of the skin) at the injection site. This most commonly happens in injections of the palm of the hand or sole of the foot.
- Mild increase in blood sugar levels in diabetic patients for several days.
- Transient increase in pain at the injection site before the cortisone takes effect. Occasionally this may be severe, however usually lasts only 4–24 hours and is treated with a cold pack, paracetamol and anti-inflammatory medication. If this occurs and you are concerned, especially if the pain is not settling despite the above treatment, then please call Specialist Sportscare WA on (08) 9272 8222 to discuss your situation with our doctor.
- Cortisone injection administered directly into a tendon has been reported to weaken and damage the collagen fibers thus carrying a risk of delayed rupture. For this reason, cortisone is only injected around the tissue surrounding a tendon and the tendon is rested for one week.
- An extremely rare complication is avascular necrosis (bone death) which some doctors suspect may rarely occur when cortisone is injected into a joint, though this has not been proven.
- Remember that the side effects of cortisone that are commonly reported in the media, such as osteoporosis, weight gain, acne and diabetes only occur when taking cortisone tablets for at least several weeks. These side effects do not occur with the careful use of cortisone injections.

Are there any alternatives?

Of course there are. Since a cortisone injection is used for treating pain, it is an optional procedure. Other options should be discussed with your referring doctor or treating specialist and may include anti-inflammatory medications, exercise, physiotherapy and surgery to name a few. The role of our Sport & Exercise Medicine Physician as the treating specialist is to perform the procedure and therefore ensure that the cortisone is injected into the correct location.

Please continue to page 4 to answer a number of questions and to sign your consent.



CONSENT FOR CORTISONE INJECTION

Please answer the following questions:

Do you have an allergy to:

PLEASE TICK

- Medicines? Yes No
- Band-aids or other dressings? Yes No
- Iodine, alcohol or chlorhexidine based skin cleansers? Yes No
- Are you diabetic? Yes No
- Do you have a bleeding disorder? Yes No
- Are you on anti-coagulants (“blood thinning” medications) such as Warfarin, Aspirin, Plavix, Cartia, Heparin or Clexane? Yes No
- For female patients of childbearing age:
- Are you or could you be pregnant? Yes No
- Are you breastfeeding? Yes No

CONSENT

I have read the above information and am aware of the risks and benefits of being administered cortisone. I have been provided with the opportunity to have any questions answered and I therefore give my consent to injection of cortisone.

PATIENT NAME (Print) _____

SIGNATURE _____ DATE _____

WITNESS NAME (Print) _____

SIGNATURE _____ DATE _____

PRIVACY STATEMENT: The information collected by Specialist Sportscare WA forms part of your confidential patient record and will be securely stored. The information is only used to assist us in safely and accurately carrying out your examination and will not be disclosed in any way to any third party or individual.

STAFF USE ONLY

Did the patient understand the information sheet? Yes No

Did the patient give verbal consent? Yes No

DATE _____ TIME _____

Initial _____ Initial _____

CORTISONE DOSE

Patient Label: _____