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- > caring, helpful and professional staff
- > state-of-the-art diagnostic equipment
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[www.perthradclinic.com.au](http://www.perthradclinic.com.au)

An appointment has been made for you

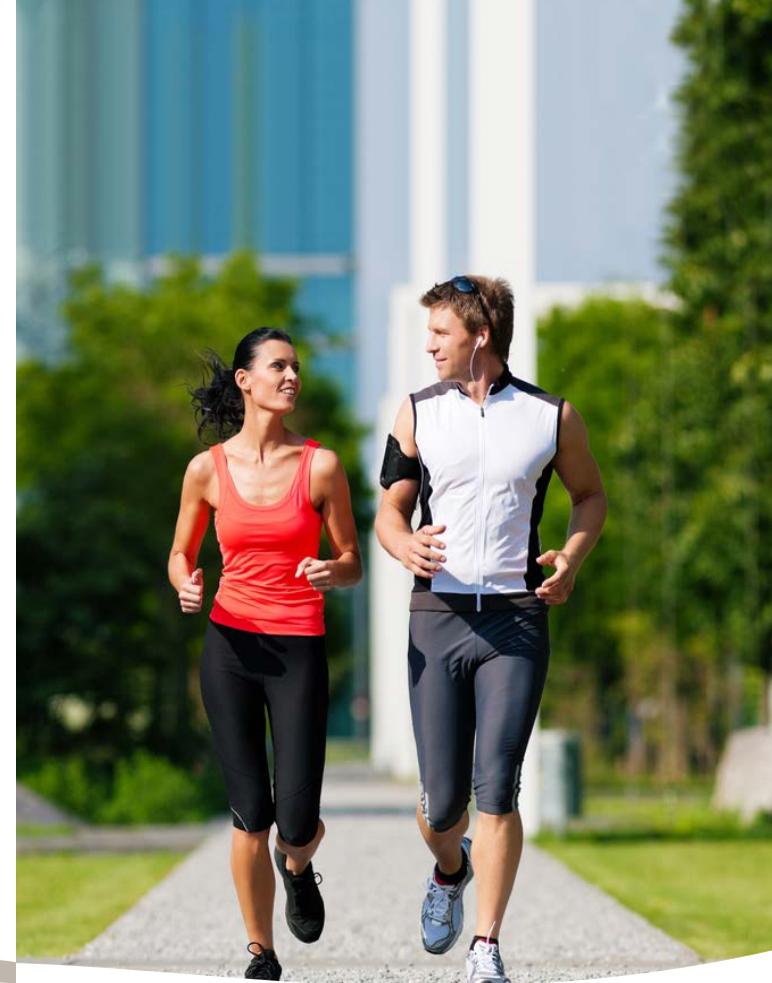
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A GUIDE FOR PATIENTS

## Cortisone Injection

For information regarding your appointment, please see the back of this leaflet.

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# What is cortisone?

Cortisone is the name used to describe a group of drugs commonly known as corticosteroids. 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 this pain is because it is a powerful anti-inflammatory. Please note this is NOT the same steroid as used by body builders.

## Why inject cortisone?

Cortisone injections are performed in order to reduce or even eliminate pain associated with a variety of disorders, such as:

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

## How is cortisone administered?

Cortisone is injected under imaging guidance to allow accurate delivery to the area of interest.

## What are the benefits, risks and side-effects of cortisone injections?

As for all medical procedures, there are risks associated with the administration of any medication, including cortisone. The chances of cortisone providing you with the benefit of pain relief in most patients outweighs the risk of experiencing any side effect(s).

The decision to inject cortisone is not taken lightly and is carefully made by your referring doctor and based on your diagnosis and past medical history. Sometimes, where the diagnosis is not clear, a trial injection is given into the body region that is suspected of causing your pain.

The side effects and 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, insomnia, and mild mood disturbance. This usually resolves within 24 hours and no treatment is necessary.
- 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.
- 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 (may last up to a week).
- Transient increase in pain at the injection site before the cortisone takes effect. Occasionally this may be severe, however it usually lasts only 24–48 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 the clinic to discuss this with one of our doctors.
- 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 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 to a cortisone injection?

Yes. Since a cortisone injection is used for treating pain, it is an optional procedure. Other options should be discussed with your referring doctor and may include anti-inflammatory medications, exercise, physiotherapy and surgery. The role of our radiologist is to perform the procedure requested by your referring doctor and, therefore, ensure that the cortisone is injected safely and into the correct location.

## How many cortisone injections are permitted?

There is no scientifically proven limit for cortisone injections, however as a general rule, three injections into the same body part are permitted over a twelve month period. Injections more frequent than this are felt to place the injected tissue at risk of softening/weakening, which may be an issue in a joint for example, as this may accelerate arthritis. Also, if you have failed to respond to a series of three injections, then it is probably time your condition was reassessed to find out if the diagnosis is correct.

If you do require more than three injections in a year, then the risk of the injection must be carefully balanced against the benefits of pain relief. Your referring doctor or the doctor at our clinic will be happy to discuss your condition and address any concerns that you may have.

Please bring any previous imaging with you on the day of your examination. If you have any questions please don't hesitate to ask us!