



Cortisone injections

This leaflet explains what to expect following an injection of cortisone and local anaesthetic to reduce shoulder pain and inflammation.

Aims of the injection

You have just received an injection of cortisone mixed with some local anaesthetic.

Cortisone is a type of steroid but it is made into a preparation which keeps it mostly in the area that it has been injected rather than spreading about the body. Cortisone, like all steroids, is a very powerful agent for reducing inflammation. Some of the benefits of reducing inflammation include bringing down pain and swelling. The effects of cortisone may take several days to work but may last for some weeks.

The local anaesthetic mixed with the cortisone helps in two ways. Firstly, it helps to spread the cortisone about so that it is not too concentrated in one small spot. It also helps to provide some pain relief for the first few hours. This effect can be very helpful for the doctor when trying to come to a firm diagnosis. Therefore, it is useful if you can remember whether the injection helped, even if for only a few hours.

Side effects and complications

- The commonest side effect is a sudden **increase in pain at the injection site**, which may last two or three days. This is called a 'flare' and is an unpredictable local reaction to one of the ingredients of the cortisone injection. It does not mean anything has gone wrong and the pain will settle again. Try to rest the painful part and take painkillers as necessary.
- **Skin thinning.** Occasionally, the skin overlying the injection becomes thinned over the course of some months. This is particularly noticeable when several injections are given close to the skin surface. This side effect does not happen in most people.
- **Skin blanching.** Sometimes the skin overlying the injection becomes paler and whiter over the course of some months. This is particularly noticeable when the injection is given close to the skin surface. This side effect does not happen in most people.
- **Infection.** This is a very unusual complication that can occur after any kind of injection. If the injected area becomes red, hot and swollen and you feel unwell, seek immediate medical attention.
- **Allergic reaction.** This is extremely uncommon and usually happens very quickly. The doctor giving the injection will be able to look after you.

Frequently asked questions

Will it hurt?

Yes, it might. It may hurt as the injection is given but the burning/flooding pain will settle over a matter of a couple of minutes. Sometimes, the pain is worse after the injection for a few days due to a flare (see under side effects).

Can I drive afterwards?

Yes, as long as you feel you can safely control the vehicle. It is probably better not to rush straight off after the injection but to sit and relax for 10 minutes. That way you can be sure you will be able to manage on the road.

Can I go straight back to work?

Probably yes, as long as you feel alright and that you are not in too much pain. If your work involves heavy lifting, then try to reduce the workload over the next few days.

What happens if I have diabetes?

You will need to keep a closer eye on your blood sugars for 48 hours as the sugar levels often rise and you may need more insulin than normal (if you use insulin).

How quickly does the injection work and how long will it last?

The local anaesthetic component works within minutes and lasts for several hours, the cortisone component starts working after a few days and may last weeks.

Will it cause side effects throughout my body like other steroids?

No. The injection contains a very low dose of steroid and because of its special preparation it will not spread significantly through the body and therefore will not cause the side effects of osteoporosis etc.

Is there a maximum number of cortisone injections I can have?

The general recommendation is no more than three injections into the same area within a year. If the three injections don't address your symptoms effectively, your medical team may recommend another way of treating the problem.

The leaflet is not a substitute for professional medical care and should be used in association with treatment at your hospital. Individual variations requiring specific instructions not mentioned here might be required. It was compiled by Mr Harry Brownlow (Consultant Orthopaedic Surgeon) and Catherine Anderson (Specialist Physiotherapist).

Contact details

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Useful links

www.shoulderdoc.co.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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