



CONSENT FOR STEROID

INJECTION

What is Cortisone?

Cortisone is the name used to describe a group of drugs correctly known as corticosteroids. Cortisone is used to treat pain in various parts of the body where inflammation is felt to be the root cause of the pain.

Cortisone is effective in treating such pain because it is a powerful anti-inflammatory. The cortisone used at FCFC is NOT an illegal steroid medication such as those steroids used by some body builders and athletes.

Why inject Cortisone?

Cortisone injections provide anti-inflammatory components directly into the area of inflammation and/or pain, as opposed to a systemic distribution. 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, DeQuervain's tenosynovitis, Tennis and Golfers 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 and the superficial dermal and soft tissue layers anesthetized with a numbing agent.
- ❖ The cortisone-filled syringe with needle is then guided into the relevant body part with or without the aid of ultrasound. The guidance, at times, provides a more accurate visualization and administration of cortisone to be more accurately delivered into the area of suspected/proven pain.
- ❖ The degree of discomfort during the procedure is generally mild and the needle used is fine and local anesthetic is also mixed in with the cortisone.
- ❖ 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, but of course it will be based on your specific case and with the provider's consideration of your full medical history. The decision to inject cortisone is not taken lightly and is carefully made by your provider 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, but the body region injected is suspected of causing your pain.

Risks of a Cortisone Injection Include:

- ❖ Allergy to any of the substances utilized during the procedure, such as the cortisone, dressing, local anesthetic or antiseptic. This is usually minor and self limiting.
- ❖ The cortisone may result in palpitations, hot flashes 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 started on empirical antibiotic treatment.
- ❖ Local bruising.
- ❖ Localized 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 pain may be severe, but usually lasts only 4-24 hours and is treated with a cold pack, Tylenol and anti-inflammatory medication. If this occurs and you are concerned, especially if the pain is not lessening despite the above treatment, then call the clinic to discuss your situation.
- ❖ Cortisone injection administered directly into a tendon has been reported to weaken and damage the collagen fibers 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 a vascular 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 infrequent cortisone injections.

Are there any alternatives?

Yes. Since a cortisone injection is used for treating pain, it is an optional procedure. Other options should be discussed with your provider and may include anti-inflammatory medication, exercise, physical therapy and surgery.



CONSENT FOR STEROID

I have read the attached information and am aware of the risks and benefits of being administered cortisone. I have been provided with this information and therefore give my consent to injection of cortisone.

PATIENT NAME (Please Print)_____

PATIENT SIGNATURE_____

DATE_____

WITNESS NAME (Please Print)_____

WITNESS SIGNATURE_____