

Injections



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The Truth About Cortisone Shots

Cortisone is a hormone that is a normal body product; therefore, allergic reactions are extremely rare. To increase the benefits and reduce side effects, synthetic derivatives are used by doctors for injections. Cortisone reduces inflammation while allowing the body time to heal. Freeze blocks and local anesthetics are used with the injections to make them less uncomfortable. Although the anesthetic works immediately, the cortisone can take up to 10 days to work. Complications are extremely rare. Injections can be done to more than one body part at a time. Problems with cortisone occur with frequent (daily or weekly) and/or long-term (years) usage.

Trigger Point Injections

These injections are given into inflamed or tender muscles, tendons, or bursa sacs that surround joints. These are often effective in reducing pain in the neck, shoulder, and mid-back area.

Epidural Steroid Injections

These injections are useful for a variety of spinal conditions including herniated discs, sciatica, spinal stenosis, arthritis, and degenerative disc problems in both the neck and low back. This is an



injection inside the bony column of the spine that surrounds the spinal cord and spinal nerves. The cortisone shrinks the inflamed and swollen tissue around the nerves, thereby

reducing the pain. These injections are typically done in a series of 3, and may provide permanent relief, or temporary relief while the source of your pain is healing. These injections can be repeated in 3 to 6 months. X-ray guidance is used to insure proper placement of the medication. In the neck, the injection is done from behind. In the low back, it is done using a caudal approach (base of spine near tailbone).

Selective Nerve Root Blocks

This is similar to an epidural injection, except the injection is placed directly on the nerve that is being treated.

Sacroiliac Injections

The sacroiliac joint connects the spine to the pelvis. This often is a



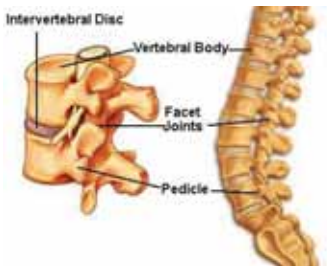
source of pain in the low back.

Using x-ray guidance, a needle is placed in the joint. Dye is injected to

confirm proper placement before injecting the cortisone.

Facet Joint Injections

Facet joints are the small joints to the right and left in the neck and back that connect the vertebrae together. These are often a



cause of localized pain in these areas.

The cortisone is once again injected into the joints using x-ray guidance.

Long-term

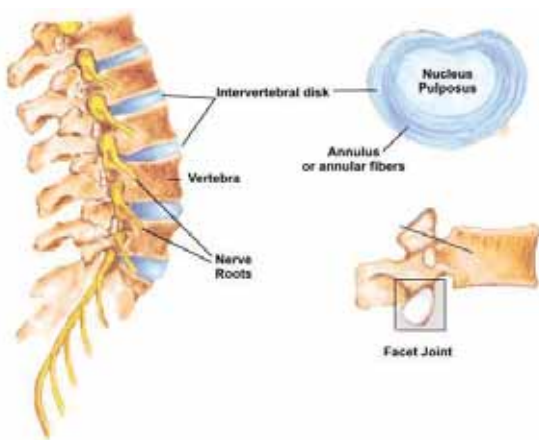
relief can be achieved, but even if relief is short-term, radiofrequency ablation (RFA) can be performed to more permanently relieve the pain. Prior to the RFA, a second set of injections are often performed to confirm this as the problem needing treatment.

Arthrograms

These injections are used to confirm proper placement of a needle into a joint using dye and x-ray guidance. Arthrograms are commonly used for joint lubrication (Hyalgan) injections, and to assist in injecting dye into joints for MRI's.

Radiofrequency Ablation

This procedure is used to provide a more long-term relief for facet joint or sacroiliac joint pain. It utilizes a needle and heating element to “deaden” the nerves that provide the sensation to the affected joint. The pain relief may last up to 18 months, depending how long it takes the nerve to grow back. The procedure can then be repeated.





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