

A Patient's Guide to **Joint Injections for Arthritis**



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LONG ISLAND SPINE SPECIALISTS, P.C.
Committed to Excellence, Committed to You

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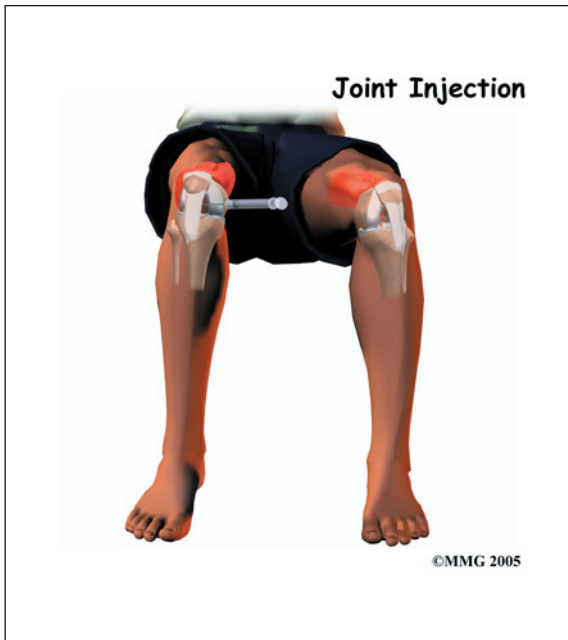
Long Island Spine Specialists, P.C. is a team of experienced spine experts consisting of accredited Fellowship trained Board Certified Orthopaedic Spine Surgeons, multi-Board Certified Physiatriests specializing in interventional pain management, and Physician Assistants. The team focuses exclusively on the specific issues relating to the spine. Our medical professionals have years of experience and expertise in all spinal conditions including traumatic injuries and deformities.

Listed among the leading national physicians in spine health with State-of-the-Art facilities in Commack, West Islip, Garden City and Manorville. LISS offers patients across the region the most advanced resources in spinal medicine today. We are committed to delivering the highest quality of individualized comprehensive care to each patient with compassion and integrity.

We identify the cause of the symptoms & develop an individual effective treatment plan by exploring a variety of medical options which may include nonsurgical treatment and when specifically indicated, operative intervention to return patients to active healthy lifestyles.

Our Mission:

At Long Island Spine Specialists, P.C., we know how debilitating back and neck disorders can be for our patients. We also know that when it comes to treating these conditions, finding the treatment option that best meets each patient's individual needs is perhaps the most important aspect to successfully alleviating or managing back and neck pain.



Doctors recommend injections of *corticosteroids* (also commonly known as *cortisone*) for many arthritis patients. Cortisone is a powerful anti-inflammatory medication that can reduce joint inflammation. Because the medication is injected directly into the joint, the effects of the medication are concentrated on the painful joint. The injected cortisone can bring the inflammation in the joint under better control and decrease the swelling and pain.

These injections involve putting a needle directly into the joint. Through the needle, your doctor can remove excess *synovial fluid* (the lubricating fluid found in joints) and inject corticosteroid medication to help reduce the inflammation, pain, and swelling.

This process may sound risky. It is actually safe and fast. It involves little or no pain. And therapeutic injections have important benefits. They deliver the medicine to the exact spot that needs it. They also allow you to use lower and fewer doses of oral steroids, which are highly toxic.

Most doctors give only three to four injections per year in large, weight-bearing joints. This includes joints in your knee and hip. However,

patients with arthritis pain that cannot be controlled in other ways can get injections more often.

Complications

The most common side effect from injections is a temporary increase in pain and swelling. Rest, cold packs, and anti-inflammatory drugs help this pain go away within four to twenty-four hours. Studies have shown that about 6 percent of arthritis patients who receive injections in their joints experience this passing pain. It is probably caused by the body's reaction to the corticosteroid crystals in the medicine. If you have problems with pain and swelling after injections, your doctor may want to change the type of corticosteroid in your next injection.

Another fairly common complication is mild, temporary *flushing* (sudden redness of the skin) and agitation. Injections can also make diabetic symptoms worse.

There is a chance that the injection can introduce an infection into the joint. However, the odds of this are very slight. Studies show infections following injections happen from 1 in 1000 to 1 in 1600 times. Still, infections in the joint can be very serious. It is important to have an experienced professional perform the injection.

Some doctors and patients have wondered if the cartilage and other tissues of the joints are damaged by injections into the joint. Studies have not shown this to happen.

Notes