

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



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Zehr Center for Orthopaedics



Welcome to the Zehr Center for Orthopaedics in Naples, FL where we strive every day to make a difference in the lives of our patients. Our orthopaedic practice is decidedly preferred by patients with difficulties affecting their HIPS and KNEES, as these are the problem focused areas where we have our most extensive experience.

Philosophically, we want you to know that the hallmark virtues upon which our practice is founded "Wisdom, Integrity, Experience and Compassion" Inspire each member of the patient care team to reach beyond themselves to provide you the highest quality in patient care, prudent counsel, clinical expertise and most importantly-- true concern for YOU, our patient, for whom we are honored to care.

Our founder, Robert J. Zehr, MD, has dedicated his professional education and career to the research, understanding and care of some of the most complex orthopaedic problems in the field including primary and revision total joint replacement, as well as, skeletal reconstruction associated with tumors and fractures.

With the experience of over 6000 primary, revision and complex joint reconstructions to call upon, Dr. Zehr brings the most up to date surgical techniques, patient safety and knowledge of rehabilitation to each patient's surgical problem. In addition, his mastery of minimally invasive surgical techniques, rapid recovery rehab protocols and shortened hospital stays has resulted in greatly improved surgical outcomes, fewer complications and highly satisfied patients. It is our great privilege to serve you!

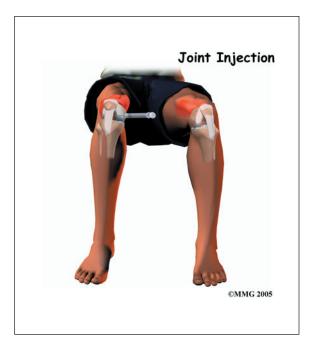
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Doctors recommend injections of corticosteroids (also commonly known as cortisone) for many arthritis patients. Cortisone is a powerful anti-inflammatory medication that can reduce joint inflammation. Because the medication is injected directly into 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 twentyfour 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