

Dr. Horinek's Shoulder Injection Information

What is the purpose?

The primary goal of any injection is to relieve pain. Another purpose at times is to aid in diagnosis. For instance, even temporary pain relief after an injection can help the doctor tell where the pain is coming from.

Where is the injection placed?

Your injection will be placed precisely to address your condition. Shoulder injections are most commonly placed in the subacromial space or the glenohumeral joint. The subacromial space is between the acromion bone and the rotator cuff. Injections in this space are used to treat rotator cuff inflammation, bursitis, and rotator cuff tendinitis. The glenohumeral joint is the ball and socket joint of the shoulder. Injections in this space are used to treat glenohumeral arthritis or adhesive capsulitis (frozen shoulder). Other shoulder injection locations can include the acromioclavicular joint or biceps tendon sheath.

What is Injected?

A joint injection consists of the anesthetics (numbing agents) 1% Lidocaine and .25% Marcaine, and most commonly a corticosteroid. Occasionally Toradol, a non-steroidal anti-inflammatory, is used in place of corticosteroid.

What Can I Expect?

There may also be some tenderness at the needle insertion site. Placing ice on the area will help reduce this. It is also advised to take Tylenol (Acetaminophen), Advil (Ibuprofen), or Aleve (Naproxen) over the counter as needed.

Try to take it easy for a few days after the injection. The numbing medication lasts for 6-8 hours, and the steroid (or Toradol) takes a few days to take effect.

The response to the injection varies from person to person and condition to condition. Responses range from complete relief to no relief. However, the upside is that overall, the risk is very minimal

How many injections can I have?

There are no clear research-based guidelines on this yet. In general, I recommend no more than 3 injections in 2 years in a single location. I believe this represents a balance between maximizing the benefit (pain relief and avoiding surgery) versus the consequences of multiple injections. However, the answer to this question is individualized. In some cases, I advise no injections. Whereas, in others such as individuals who have multiple medical problems that preclude surgery, I am more willing to perform more injections. An important consideration is the number of injections prior to surgery. Studies show that an injection within 3 months prior to surgery can raise the risk of infection. Therefore, injections should be avoided within 3 months of surgery, and one should avoid having multiple injections in the year prior to surgery.

What are the Side Effects?

The most common side effect of an injection is a transient increase in pain for the first 24-72 hours. You should not be alarmed by this. Your symptoms should gradually diminish in the days following the injection.

***If you are a diabetic, a corticosteroid will likely elevate your blood sugar levels temporarily following the procedure.

Very rare complications (<1%) include allergic reactions or infection.

For What Reasons Should I Call the Office?

- A temperature of 100°F or more
- Increasing pain beyond 48 hours after the procedure
- Increasing redness around the injection site

Who Should I Call If There is a Problem?

Call the office at (785) 823-2215