CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Cortisone and Corticosteroid Injections

What it is

A cortisone injection is a shot of anti-inflammatory medicine placed directly into a joint or soft tissue. Your doctor uses this treatment to calm swelling and reduce pain in areas like your hip, ankle, thumb, or shoulder. It is often considered when you have wear-and-tear arthritis or conditions like trigger finger and carpal tunnel syndrome.

This medicine works by lowering inflammation at the source of your discomfort. For some conditions, such as ankle arthritis, combining this injection with a lubricating fluid called hyaluronic acid provides better pain relief than using the steroid alone. In cases like heel spurs, this injection is often the preferred option because it leads to higher patient satisfaction compared to other conservative treatments.

Your doctor may choose a high-dose version for hand issues, as it tends to last longer and reduces the need for repeat shots or surgery. If you need surgery later, such as for a rotator cuff tear, having an injection within one year before the operation does not increase the risk of failure or affect your strength and motion. Repeated injections for conditions like carpal tunnel syndrome are also considered safe and do not complicate future release surgeries.

Does it work?

For many conditions, corticosteroid injections provide effective pain relief and improved function. They are often a preferred option for heel spurs because patient satisfaction is higher than with other conservative treatments. In ankle wear-and-tear arthritis, combining the steroid with hyaluronic acid works better than using the steroid alone. For hand issues, high-dose injections generally last longer and reduce the need for repeat shots or surgery compared to low-dose options.

However, results vary by condition. For trigger finger, adding lidocaine to the steroid reduces pain during the injection itself, but this may not change your overall recovery. In shoulder stiffness (adhesive capsulitis), nerve blocks provide better pain relief and shoulder movement at 3-4, 6-7, and 12 weeks than steroid injections. For tendon problems (tendinopathy), platelet-rich plasma offers superior pain relief and function in the midterm compared to steroids.

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Timing and prior response matter for future surgeries. If you have hip impingement, your response to a preoperative steroid shot does not predict your long-term outcome or need for reoperation. For rotator cuff repair, the timing of a single preoperative injection within 1 year does not affect failure rates or strength. If you have carpal tunnel syndrome, repeated injections are safe and do not increase risks for later surgery. Interestingly, patients with chronic heel pain who feel temporary relief from steroids often have better outcomes if they eventually need plantar fascia release surgery.

Safety is generally good. Preoperative injections do not increase the risk of deep infection after carpal tunnel release or rotator cuff repair. Postoperative injections can safely treat stiffness after rotator cuff repair, especially for patients with osteoporosis. However, hip injections carry risks like rapidly progressive arthritis, bone death (osteonecrosis), or fracture. These risks vary in frequency but are serious.

Finally, access to these treatments is not equal. Minority demographics have lower odds of receiving steroid injections for hand arthritis and are less likely to receive them or undergo surgery for rotator cuff disease, even when medical history is similar.

Is it right for you?

Cortisone injections often help when you need quick pain relief. They are a preferred option for heel spurs because many patients find them more satisfying than other treatments. They also work well for short-term pain in the hand and thumb. If you have ankle arthritis, mixing cortisone with hyaluronic acid may relieve pain better than using cortisone alone. For rotator cuff tears, timing the injection within one year before surgery does not change your recovery or strength. Injections are also safe for carpal tunnel syndrome and do not increase infection risk before release surgery.

However, this treatment may not be right for everyone. Injections do not improve long-term outcomes for hip impingement surgery or prevent pillar pain after carpal tunnel release. There are serious risks for hip injections, including rapidly progressive wear-and-tear arthritis, bone death, and bone collapse. These events are rare but possible. You should know that minority groups receive these injections less often, even when their health needs are the same as others. Platelet-rich plasma injections are less effective than cortisone for short-term pain, so do not expect them to work as well.

Your doctor will weigh these factors with you. Repeated injections are safe for carpal tunnel syndrome and do not worsen future surgery. Post-surgery stiffness can also be treated with an injection, which may be safer than further surgery for high-risk patients. Discuss your specific condition and goals with your doctor to decide if this shared path is the best choice for you.

The bottom line

Cortisone injections often provide effective pain relief, especially for heel spurs and hand conditions where higher doses may last longer. They are generally safe and do not increase infection risk before surgery or cause harm with repeated use in the wrist. However, you should be aware of rare but serious risks like bone damage in the hip. Your doctor will help you decide if this treatment fits your specific needs and expectations.

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