

CORTISONE INJECTIONS FOR ARTHRITIS

A Patient Guide

YOUR INJECTION AT A GLANCE

WHAT IT IS	A strong anti-inflammatory medicine (a corticosteroid) mixed with numbing medicine, placed directly into the arthritic joint
WHEN IT WORKS	The numbing medicine works right away and wears off in a few hours. The cortisone starts working in 2–7 days
HOW LONG IT LASTS	Usually weeks to a few months . It varies from person to person and from injection to injection
HOW OFTEN	No more than every 3 months , and 3–4 a year at most in the same joint
BEFORE SURGERY	No cortisone in a joint within 3 months of replacing it , because it raises the risk of infection
DIABETES	Blood sugar often rises for 1–3 days . Check it more often and call your doctor if it runs high

How Cortisone Helps Arthritis

Arthritis pain is driven in large part by **inflammation** inside the joint: swelling, warmth, and stiffness that flare up and settle down. Cortisone is a man-made version of a hormone your body already makes, and it is one of the most powerful anti-inflammatory medicines we have. Placing it right in the joint calms that inflammation where it starts, at a dose that mostly stays in the joint.

Cortisone does not repair cartilage or cure arthritis. What it does well is **calm a flare** and break the pain cycle, often enough that you can get back to walking, exercise, and physical therapy, the things that help arthritis most over the long run. Think of it as a window: **use the relief to get stronger**.

What the research shows

Cortisone injections are among the best-studied treatments for arthritis. The major arthritis guidelines, including those of the **American College of Rheumatology** and the **American Academy of Orthopaedic Surgeons**, support them for **short-term relief** of knee arthritis, and the rheumatology guideline supports them for the hip as well. Relief is usually strongest in the first several weeks and is often best when the joint is swollen and flared up. Results are usually best in mild to moderate arthritis; as arthritis becomes severe, relief tends to be shorter.

Who Is a Good Candidate

Good fit	A painful flare of knee or hip arthritis, especially with swelling. Pain that keeps you from exercising or doing PT. Bridging to an important event, a trip, or the right time for surgery
A useful test	For the hip, the numbing medicine also tells us whether the pain is really coming from the hip joint and not your back

Not a good fit

An infection anywhere in the body, a skin problem over the joint, a fever, or a joint replacement planned within the next 3 months. Tell me if you have uncontrolled diabetes

Learn more and watch the videos

Other ways to treat arthritis without surgery, with videos. Hip patients: see merrittsurgery.com/surgeries/nonoperative-management-of-hip-arthritis. Knee patients: merrittsurgery.com/surgeries/knee-arthritis-total-knee-replacement



Scan to learn more
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The Injection

Knee	Done in the exam room and takes only a few minutes. The skin is cleaned, sometimes numbed with a cold spray, and the medicine is injected into the joint. If the knee is very swollen, I may first draw off the extra fluid, which often gives immediate relief
Hip	The hip is deep, so the injection is done with ultrasound or X-ray guidance to be sure the medicine reaches the joint. It is usually scheduled as a separate visit
Tell us first	If you take a blood thinner (most people can keep taking it), have diabetes , have had a reaction to an injection before, or have any infection, fever, or rash
Driving	You can usually drive yourself, though some people like a ride after a hip injection while the leg is numb

After Your Injection

First few hours	The numbing medicine may make the joint feel great. Don't overdo it: the pain can return when the numbing wears off, before the cortisone takes over
First 1–2 days	Take it easy. Normal walking and daily activities are fine; save hard exercise, long hikes, and heavy lifting for a couple of days. Remove the bandage later that day
Soreness or a flare	Some people have a day or two of increased soreness. Ice 20 minutes on, 20 minutes off , and use Tylenol or an anti-inflammatory if you can take it. It should settle within 48 hours
Bathing	Showering is fine. Avoid soaking in a bath, hot tub, or pool for 24 hours
When it kicks in	The cortisone usually starts working in 2–7 days. Then use the relief: walk, exercise, and keep up your home program or PT

Call right away if

- Pain, swelling, warmth, or redness that is **getting worse** after the first 48 hours rather than better
- **Fever** or chills
- These can be signs of an infection, which is rare but serious. Call our office at **(425) 656-5060**, or go to urgent care or the emergency room after hours

Side Effects and Risks

Cortisone injections are very safe, and most people have no problems. Possible side effects:

How often	What can happen
Common and short-lived	Soreness or a brief flare for 1–2 days. Facial flushing or warmth for a day or two. Trouble sleeping, feeling wired, or a temporary rise in blood pressure for a few days
Blood sugar	In people with diabetes, blood sugar often rises for 1–3 days, occasionally longer. Check it more often and follow your usual plan for high readings
Uncommon	Lightening or thinning of the skin at the injection site, more likely in people with darker skin. Some women notice changes in their menstrual cycle
Rare	Infection in the joint (well under 1 in 1,000 injections). Allergic reaction
The joint	Very frequent injections over many years may add to wear in the joint, which is why I space injections at least 3 months apart and limit them to 3–4 a year . Rarely, a hip has worsened quickly after an injection

Timing before joint replacement

Cortisone in a joint within 3 months of replacing that joint raises the risk of infection after surgery, and the evidence is strongest for the hip. If we are planning, or might soon plan, a knee or hip replacement, we will time your injections around it.

If Cortisone Isn't Enough

If injections stop helping or the relief gets shorter and shorter, it is time to talk. Other options include a focused physical therapy program, weight loss, bracing, **gel (hyaluronic acid)** injections for the knee, and **PRP**. When arthritis has worn the joint out and nothing else gives you an acceptable quality of life, knee or hip replacement is an excellent, reliable option. **Injections treat symptoms; exercise, strength, and a healthy weight are what protect the joint over time.**