KEVIN M. ROTH, MD
ORTHOPAEDIC SPORTS MEDICINE

PATIENT INFORMATION

Cortisone Injection: What to Expect

After your injection — what's normal, what to do, and when to call us

What to expect

- **First several hours:** The numbing medication mixed with the cortisone provides early relief. As it wears off, your original pain may return briefly.
- **Days 1–3:** Some soreness or tenderness at the injection site is normal. A small number of patients experience a temporary increase in pain (a "post-injection flare") that resolves on its own.
- **Days 3–7:** The cortisone begins working. You should notice improvement within the first week.
- **Weeks 2–6:** Full benefit is typically reached by 1–2 weeks and may last weeks to months.

Less common, harmless effects include facial flushing, minor skin lightening or dimpling at the injection site, and brief disruption to sleep that night. These resolve on their own.

What to do at home

- **Rest the joint for 48 hours.** Avoid strenuous activity, heavy lifting, running, or prolonged standing.
- **Ice** for 10–15 minutes every few hours as needed.
- **Over-the-counter pain relievers** (acetaminophen, ibuprofen, naproxen) are safe to use if needed.
- **Keep the injection site clean and dry for 24 hours.** Showering is fine; avoid baths, hot tubs, and swimming for one day.

Call our office if you experience

- A fever of 100.4°F (38.3°C) or higher
- **Increasing** warmth, redness, or swelling at the injection site after 48 hours (rather than improving)
- Pain at the injection site that worsens or fails to improve after 72 hours
- Any rash, hives, or other allergic-type symptoms

> **FOR PATIENTS WITH DIABETES**
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> Cortisone can raise your blood sugar for **2–5 days**, occasionally up to 1–2 weeks. Knee and hip injections tend to produce a larger rise than shoulder or elbow injections. Cortisone is considered safe for well-controlled diabetics — monitor your blood sugar more closely than usual during this window.

A note on safety and the medication we use

Dr. Roth uses **triamcinolone** with **low-concentration ropivacaine** — the combination recent research suggests is least likely to affect cartilage. The risk of infection is very low (well below **1 in 1,000**), and Dr. Roth does not inject directly into tendons. Frequent repeated injections in the same area can affect cartilage and tendon health over time, which is why we space injections out — a precaution that protects the joint long-term, not something to worry about from a single appropriately-spaced injection.

Palo Alto **(650) 853-2943** · Dublin (510) 498-2086
KevinRothMD.com