



waikanaehealth

STEROID INJECTION INFORMATION AND PATIENT QUESTIONNAIRE

Please complete this form and bring it to your appointment

Surname: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Full given name: DOB:

Phone Number:

Name and location of GP or referring clinician:

Site of Injection: ACC Number:

Have you had a previous cortisone injection in this area? ☐ Yes ☐ No

Do you have any allergies? If so, please provide details below:

Are you on Warfarin, Dabigatran, Rivaroxaban, Aspirin or another blood thinner? ☐ Yes ☐ No

If you have had a recent warfarin test, what was the last INR result?

Are you on Insulin for diabetes? ☐ Yes ☐ No

Do you have asthma? ☐ Yes ☐ No

Do you have heart or kidney conditions? ☐ Yes ☐ No

Do you have any other health conditions? If so, please provide details below:

Please provide details of any medication you are taking:

Have you read, understood and signed the Steroid Injection information and consent sheet that has been provided to you?
☐ Yes ☐ No

FOR DOCTOR/OFFICE USE ONLY

Checklist	<input type="text"/>	Allergy/Asthma	<input type="text"/>	Anticoagulation	<input type="text"/>
Diabetes/Insulin	<input type="text"/>	Patient Registration	<input type="text"/>	GP	<input type="text"/>
Consent	<input type="text"/>	Emergency Drugs	<input type="text"/>	Treatment Provided	<input type="text"/>
Celestone Chronospan	<input type="text"/>	Kenacort 40mg	<input type="text"/>	2% Xylotox	<input type="text"/>
Sterile Tray	<input type="text"/>	Needle(s)	<input type="text"/>	Other	<input type="text"/>
ACC Number	<input type="text"/>	Billing	<input type="text"/>		

PATIENT INFORMATION: ULTRASOUND GUIDED STEROID (CORTISONE) INJECTION

What is Cortisone?

Cortisone (or steroid) is the name used to describe a group of drugs correctly known as corticosteroids. Cortisone is used to treat pain in various parts of the body where inflammation is considered the cause of pain. Cortisone is effective in treating such pain because it is a powerful anti-inflammatory.

The types of cortisone commonly used include Celestone™ Depo-Medrol™, and Kenalog™. These medications used are NOT illegal steroids; such as (anabolic) steroids, used by some body builders and athletes. They are registered drugs for therapeutic use in New Zealand.

Why inject Cortisone?

Cortisone injections provide anti-inflammatory components directly into the area of inflammation and/or pain, as opposed to taking it by mouth. With regard to musculoskeletal problems, cortisone injections can be performed in order to reduce or even eliminate pain associated with a variety of disorders, such as:

- Bursitis (most commonly subacromial and trochanteric bursitis)
- Arthritis (any joint may be injected)
- Miscellaneous conditions where inflammation is a contributor to the pain, (frozen shoulder /adhesive capsulitis, calcific tendinitis, ganglion cysts).
- Tendinitis and Tenosynovitis (such as plantar fasciitis, biceps tendinitis, Tennis and Golfer's elbow)
- Nerve pain (most commonly for sciatica and carpal tunnel)

What is involved?

- The skin is prepared using an antiseptic agent (Alcohol, iodine or chlorhexidine)
- The cortisone and local anaesthetic filled syringe with needle is guided into the relevant body part with or without the aid of ultrasound. The guidance provides a better visualisation and administration of cortisone so that it is accurately delivered into the area of pain.

The degree of discomfort during the procedure is generally mild as local anaesthetic is usually mixed in with cortisone.

A greater degree of discomfort may occur if:

- the underlying inflammation is severe
- the area to be injected is severely painful
- the needle tip requires to be repositioned several times in order to distribute the cortisone effectively
- a previous bad experience has resulted in a fear of needles, or there is a general anxiety/phobia of needles and other medical procedures.
- In cases where a cyst, ganglion, bursa or joint is distended with fluid, the cortisone will be injected after an attempt to aspirate (remove) the fluid in order to improve patient comfort.

Benefits, Risks, Complications and Side effects

As for all medical procedures, there are risks associated with the administration of any medication, including cortisone. However, this procedure is more likely to provide you with a benefit, such as pain relief. This benefit outweighs the small risk. It is based on your specific case and your provider's consideration of your full medical history. The decision to inject cortisone is not taken lightly and is carefully made by your provider based on your signs, symptoms and past medical history, as well as the suspected diagnosis. A trial injection is offered where the diagnosis is not clear, and the body region injected is suspected of causing your pain.

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The risks of a cortisone injection include:

- Allergy to any of the substances used in the procedure, such as the cortisone, dressing, local anaesthetic or antiseptic. This is usually minor and self-limiting.
- The cortisone may result in palpitations, hot flushes and mild mood disturbance. This usually resolves within 24 hours and no treatment is necessary.
- Infection. Infection is a rare but serious complication, especially if injected into a joint. Most infections take at least a day or two to manifest, so pain at the injection site after 48 hours is considered to be due to an infection until proven otherwise. Even if not definitively proven, you may be commenced on antibiotic treatment. You will need to contact your usual doctor.
- Local bruising and/or bleeding.
- Localised skin and subcutaneous tissue thinning resulting in dimpling (fat atrophy).
- Hypopigmentation (whitening of the skin) at the injection site.
- Mild increase in blood sugar levels in diabetic patients for several days.
- Transient increase in pain at the injection site before the cortisone takes effect. Occasionally this pain may be severe. It usually lasts only 4–24 hours and is best treated with a cold pack, Paracetamol and/or anti-inflammatory medication.
- Cortisone injection administered directly into a tendon has been reported to weaken and damage the collagen fibres thus carrying a risk of delayed rupture. For this reason, cortisone is
- only injected around the tissue surrounding a tendon and the tendon needs to be rested for one week after injection.
- An extremely rare complication is avascular necrosis (bone death) or chondrolysis (damage to cartilage) which some doctors suspect may rarely occur when cortisone is injected into a joint, though this has not been conclusively proven.

Remember that the side effects of cortisone that are commonly reported in the media, such as osteoporosis, weight gain, acne and diabetes occur when taking cortisone tablets for longer periods of time. These side effects do not occur with the careful use of infrequent cortisone injections.

Are there any alternatives?

Of course there are. Since a cortisone injection is used for treating pain, it is an optional procedure. Other options should be discussed with your provider and may include living with the pain, anti inflammatory medications, exercise, physical therapy and surgery.

CONSENT FOR CORTICOSTEROID INJECTION

A steroid injection is a procedure that injects medication into a joint or other structure for pain relief. The injection is usually a mixture of local anaesthetic and steroid medications. Pain relief can be long lasting or temporary. This procedure may require the use of a local anaesthetic.

Risks of the procedure: In recommending a joint injection, your doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following:

Common risks and complications include:

Bleeding or bruising may occur. (This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix), Dabigatran (Pradaxa), Rivaroxaban (Xarelto) or Dipyridamole (Persantin))

Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.

Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

CONSENT FOR CORTICOSTEROID INJECTION

Less common risks and complications include:

Infection, requiring antibiotics and further treatment.

Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.

Inflammation of the joint, resulting in an increase of fluid in and around the joint.

Allergy to injected drugs, requiring further treatment.

Procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

Seizures and/or cardiac arrest due to local anaesthetic toxicity.

Death because of this procedure is very rare.

- I acknowledge that the doctor/doctor delegate has explained the proposed procedure.
- I understand the risks and complications, including the risks that are specific to me.
- No guarantee can be given that the procedure will improve my condition even though it has been carried out with due professional care.
- If immediate life-threatening events happen during the procedure, they will be treated according to best practice

I have been given the patient information sheet on steroid injections. I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction. I have read the above information and am aware of the risks and benefits of the planned injection.

I understand I have the right to change my mind at any time including after I have signed this form

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment. On the basis of the above statements, I request to have the procedure.

Signature:

Date:

Patient Name:

Witness Signature:

PRIVACY STATEMENT: The information collected by Sharp Ultrasound and Waikanae Health is part of your confidential patient record and will be securely stored. The information is only used to assist us in safely and accurately carrying out your examination and will not be disclosed in any way to any third party or individual other than reporting back to your referring provider.