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What to Expect: Shoulder Steroid Injection

Before the injection

- **Why it's done:**
 - Subacromial bursitis
 - Rotator cuff tendinitis
 - Shoulder impingement
 - Painful inflammation limiting motion/frozen shoulder
 - Shoulder arthritis
- **Tell your provider if you:**
 - Have diabetes (blood sugar can rise briefly)
 - Take blood thinners
 - Have a shoulder or skin infection
- **Preparation:**
 - No fasting required
 - Wear a sleeveless or loose-fitting shirt

During the procedure (usually 2–5 minutes)

1. **Position:** Sitting or standing with your arm relaxed at your side.
2. **Skin cleaning:** Antiseptic to reduce infection risk.
3. **Needle placement:**
 - Often done using landmarks; sometimes ultrasound-guided.
4. **What you'll feel:**
 - A brief pinch or burning sensation
 - Pressure or fullness in the shoulder
 - Usually well tolerated and quick

Immediately after

- **Numbness or heaviness** from local anesthetic (lasts a few hours).
- **Immediate pain relief** may occur but is from the anesthetic, not the steroid.
- Your shoulder may feel weak—**avoid sudden movements** until numbness wears off.

First 24–72 hours

- **Steroid flare:**
 - Temporary increase in pain (less common but possible).
 - Usually peaks within 24–48 hours and resolves within 2–3 days.
- **Activity:**
 - Light daily activities are okay.
 - Avoid overhead lifting, heavy use, or sports for **48 hours**.
- **Ice:**
 - 15–20 minutes, 2–3 times daily if sore.

When relief starts

- **Steroid effect:** Usually begins **2–5 days** after injection.
- **Best improvement:** Around **1–2 weeks**.
- **Duration of relief:**
 - Weeks to several months, depending on the condition and activity level.

Common side effects

Usually mild and temporary

- Shoulder soreness
- Facial flushing (1–2 days)
- Trouble sleeping the night of injection
- Temporary blood sugar rise (important for diabetics)

Less common

- Skin thinning or color change at injection site
- Temporary weakness

Rare but serious—seek care urgently if you notice:

- Increasing redness, warmth, swelling, or fever (possible infection)
- Severe pain that keeps worsening
- Loss of shoulder function

How often can it be done?

- Typically limited to **no more than 2–3 injections per year in the same shoulder**.

- Repeated injections may weaken tendon tissue over time, especially in the rotator cuff.
- Dr. Payne recommends **waiting 3 months from the time of the injection until total joint replacement** due to increased risk of infection

How to get the most benefit

- Pair the injection with **physical therapy** once pain improves.
- Focus on posture, rotator cuff strengthening, and avoiding aggravating overhead motions.
- The injection reduces inflammation—it does **not** fix tendon tears.