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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

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## 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.
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### 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.
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### 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.
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### 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
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#### 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
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#### 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.