I don’t have too many patients come in the office and ask for an injection. “Shots” as patients call them usually scare most people, because they have heard it is painful.

I get that as the saying goes, but 9 times out of 10 the patient says “no shots”, because someone else told them of a bad experience. It’s what they heard. Patients who had a bad experience never stop talking about it. Patients who had an injection and got relief are happy, go on with their life and don’t go around forever telling everybody “I had an injection and it didn’t hurt”.

Bad news travels all over and gets told and retold and good news gets buried. Such is life.

Pain Depends On What?
Mainly on who gave the injection. We give lots of injections in the office and I don’t mind saying that it is rare for anyone to have a bad experience. I can’t say never, but definitely it’s rare. Why?
Knowing the anatomy helps of course and using a local anesthetic to numb the site helps greatly. Lastly, if I am hurting the patient, I stop.

Why Inject?
Basically injections, no matter what the substance, are given in and sometimes around joints to relieve the pain and inflammation of arthritis, tendinitis and bursitis. Obviously I don’t inject everybody. I have to decide which patient’s conditions will respond to it. Often there are some other means of treatment being used to treat the condition besides the injection.

“What’s In It?” People Ask
Most often a steroid and a local anesthetic or Hyaluronic Acid.

Steroid
There are a whole family of steroid medications too numerous and complicated to describe here that are called “cortisone”. Cortisone is not one medication, but a general name for a large number of medications.
I often use Celestone Soluspan which seems to work the best for me. It is usually combined with a local anesthetic, Xylocaine.

Hyaluronic Acid
The substance I use in the office is known as Supartanz. I have used it for several years and know it is effective. Hyaluronic Acid as it is called is given only for arthritis and is injected directly into the
joint, most often the knee. It is a pain relieving lubrication substance that is injected.

Lots More To Cover
Since I am running out of space this week, I think I will stop now and resume part 2 next week. I have much more to say. Will you please come back? See you then.

Office Website and Gratiot County Herald Archive
Wow! Your window to the Orthopaedic and musculoskeletal world opens at www.orthopodsurgeon.com. It contains the Website Library of information, Your Orthopaedic Connection and GCH archive of all previous articles.
You will be amazed at all the helpful information it contains.
All of the information pertains to everything I treat in the office and hospital.
Be well.

Dr. Haverbush