

# Steroid Injections in the Shoulder

## Indications

- **Subacromial** - *Subacromial bursitis / non operative management of a rotator cuff tear*
- **Glenohumeral Joint** - *Adhesive capsulitis / glenohumeral arthritis*
- **Acromioclavicular Joint (ACJ)** - *ACJ sprain / arthritis*
- **Long Head of Biceps** - *Bicipital tendonitis*

## Contraindications

Absolute	Relative
Local cellulitis	Minimal relief after x2 previous corticosteroid injections
Septic arthritis / Bacteremia	Coagulopathy / Anticoagulation therapy
Acute fracture / Joint Prosthesis	Anticoagulation therapy
History of allergy or anaphylaxis	Evidence of surrounding joint osteoporosis

## Consent: Side-effects / Complications

- Increase in pain and swelling in the injected area – usually 48 hours
- Thinning or a change in the colour of the skin around the injection site
- Infection
- Nerve or tendon damage

## Approaches

- Subacromial - *Lateral / Posterior*
- Glenohumeral Joint - *Anterior / Posterior*
- Acromioclavicular Joint (ACJ) - *Superior*
- Long Head of Biceps - *Anterior*

## Agents

Agents	Potency	Duration
Hydrocortisone	Low	Short
Methylprednisolone	Intermediate	Intermediate
Triamcinolone	Intermediate	Intermediate
Dexamethasone	High	Long
Betamethasone	High	Long

**Consider early x-ray / soft tissue imaging to confirm the clinical diagnosis.  
Consider referral if symptoms fail to resolve.**

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