PATIENT DECISION GUIDE

What to Consider Before Another Steroid Injection

Steroid (cortisone) injections can provide useful short-term relief. Before repeating one, review what the last injection accomplished, what risks apply to you, and whether another option better supports your long-term goals.

KEY IDEA A repeat injection should have a specific purpose - not simply be the automatic next step.

What a steroid injection can - and cannot - do

- **Can:** reduce inflammation and pain, often for several weeks; improve movement; and sometimes create a window for exercise or physical therapy.
- **Cannot:** reverse arthritis, rebuild cartilage, correct alignment, or strengthen the muscles that protect the joint.
- **Response varies:** some patients obtain meaningful relief, while others obtain little benefit or find that later injections work for a shorter time.

Six questions to consider first

1	**How much did the last injection actually help?** Record the percentage of relief, how long it lasted, and which activities improved. Little or very brief benefit should prompt a fresh look at the diagnosis and plan.
2	**What is the purpose of repeating it now?** A clear goal might be calming a flare, improving sleep, completing a trip, or participating in rehabilitation. Decide in advance how success will be measured.
3	**Is the pain definitely coming from the joint?** Hip, back, tendon, bursa, nerve, or meniscus problems may mimic arthritis pain. If the last accurately placed injection did not help, another source deserves consideration.
4	**How many injections have I had, and how close together?** There is no universal lifetime limit, but clinicians often set practical limits because benefits may diminish and risks may rise with repeated exposure.
5	**Do I have added medical risk?** Diabetes, active infection, immune suppression, anticoagulant use, medication allergies, and an upcoming procedure should be reviewed before the injection.
6	**Have I addressed the rest of the treatment plan?** Exercise, strength, weight or load management, topical or oral medication, bracing, other injection options, and surgical consultation may be appropriate depending on the diagnosis.

Understand the tradeoffs

Short-term benefit

For knee osteoarthritis, major guidelines recognize that an intra-articular corticosteroid injection may provide short-term relief. Relief commonly begins after a few days; a temporary post-injection flare can occur first.

Cartilage and repeated exposure

Laboratory and clinical evidence raises concern that repeated corticosteroid exposure can adversely affect cartilage cells. In one randomized trial, injections every three months for two years were associated with greater cartilage loss than saline and did not provide better average pain relief. That study does not prove that an occasional, carefully selected injection is harmful, but it supports avoiding routine repeat injections without a clear benefit.

Blood sugar and other risks

A small amount of steroid can enter the bloodstream. Blood glucose may rise temporarily, especially in people with diabetes. Other risks include a brief pain flare, skin or fat changes near the injection, bleeding, tendon injury when steroid is placed near certain tendons, and a rare but serious joint infection.

Upcoming joint replacement

Tell your clinician if joint replacement is being considered. AAOS patient guidance advises delaying replacement surgery in the injected joint for at least three months to reduce infection risk.

SEEK URGENT CARE After an injection, rapidly increasing pain, marked swelling, redness, drainage, fever, or feeling ill could indicate infection and requires prompt evaluation.

Questions to ask at your appointment

- ☐ What is the working diagnosis, and does it explain my symptoms?
- ☐ What did my response to the last injection tell us?
- ☐ What benefit should I realistically expect, and for how long?
- ☐ What steroid, dose, and guidance method will be used?
- ☐ How will this injection support rehabilitation or another long-term goal?
- ☐ What are my alternatives if I decide not to repeat it?
- ☐ Am I likely to need joint replacement, and does timing matter?

BOTTOM LINE Steroid injections can be helpful when used selectively. If relief is shrinking, injections are becoming frequent, or function remains limited, it is time to reassess the diagnosis and compare the full range of treatment options.

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Sources

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This guide is for general education and does not replace medical advice, diagnosis, or treatment. Recommendations can change as evidence evolves. No treatment works for every patient, and individual risks, benefits, costs, and insurance coverage vary.