

Bursa injections for joint pain

Overview

Bursa injections contain a steroid to relieve joint pain and swelling caused by bursitis. A bursa is a fluid-filled sac that cushions the tendons and bones. A bursa can become inflamed from friction, injury, or arthritis. Bursitis can be painful because movement rubs against the bursa. An injection into the bursa can reduce pain and swelling.

What is a bursa injection?

Bursa sacs are filled with synovial fluid. They allow ligaments, tendons, and muscles to glide over one another. Bursitis occurs when the sac becomes swollen and painful from friction or injury. Common sites of bursitis include the hip (trochanteric) bursa and the shoulder (subacromial) bursa (Fig. 1). Taking a break from activities allows the bursa time to heal. If pain persists, treatments include physical therapy and corticosteroid injections.

Causes of bursitis:

- Repetitive motions that can inflame the bursa (running, climbing stairs)
- Reduced muscle strength and flexibility around the joint
- Posture habits: standing on one leg for a long time, crossing legs when sitting, or lying on one side too long
- Scoliosis or joint arthritis that can exert pressure on the bursa

Who is a candidate?

If you have pain from bursitis, you may benefit from a steroid injection.

Hip (greater trochanteric) bursitis symptoms:

- Pain when walking, standing for long periods, or sitting with legs crossed
- Pain at night when lying on the affected side
- Pain from the hip joint or buttock that travels down the outside of the thigh to the knee

Other common sites of bursitis:

- Shoulder (subacromial, subdeltoid) bursa
- Elbow (olecranon) bursa
- Buttock (ischial) bursa
- Knee (patellar) bursa

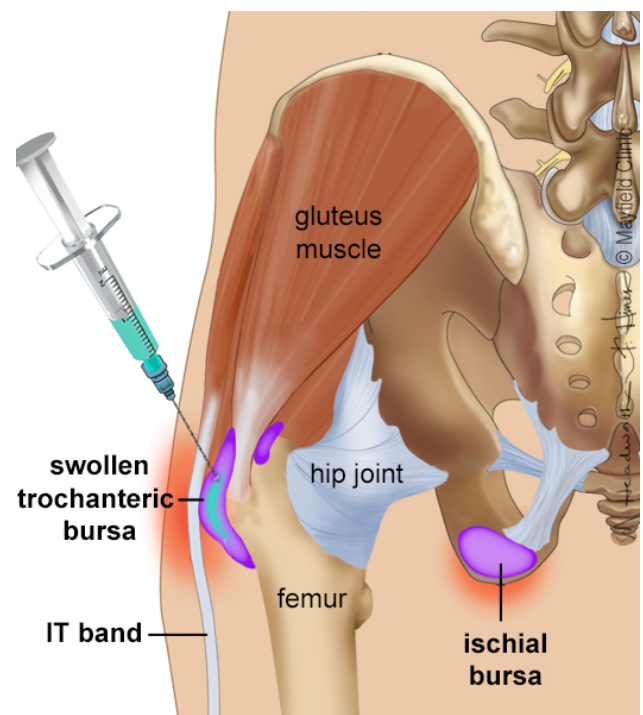
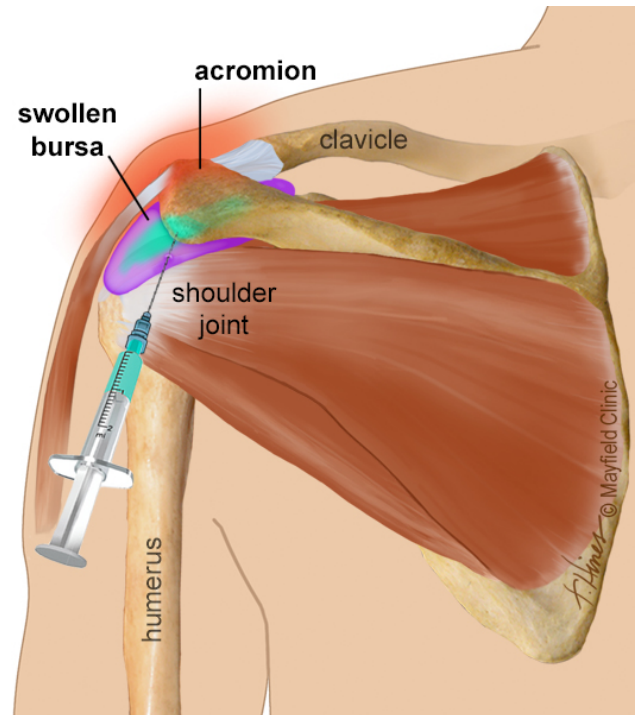


Figure 1. Anesthetic and corticosteroid mixture (green) is injected into the inflamed bursa to relieve pain.

Steroid injections should not be performed on people who have an infection, are pregnant, or have bleeding problems. The injection may elevate blood sugar levels in people with diabetes. It may also elevate blood pressure or eye pressure for those with glaucoma. You should discuss this with your physician.

Who performs the procedure?

Physicians who perform bursa injections include physiatrists (PM&R), radiologists, anesthesiologists, neurologists, and surgeons.

What happens before treatment?

The doctor reviews your medical history, symptoms, and imaging to plan the best location for the injections.

What happens during treatment?

The procedure is performed in the office or an outpatient suite. You will be asked to list medications you are taking, any allergies, and sign consent forms. The procedure takes about 5-10 minutes.

You will lie on a table and the skin area will be cleansed. Local anesthetic numbs the treatment area. Using X-ray fluoroscopy or ultrasound, the doctor guides the needle into the bursa sac. Once placed, the anesthetic and steroid are injected. Some discomfort occurs, but patients more commonly feel pressure than pain.

What happens after treatment?

After being monitored for a short time, you can go home. Take it easy for the rest of the day.

Soreness around the injection site may be relieved by using ice and taking a mild pain reliever (Tylenol). The steroid takes a few days to begin working. You can record your pain levels for a couple of weeks to track if the injection is effective.

Call the doctor's office if you experience:

- Signs of infection, such as fever, redness, or yellow discharge at the injection site
- Severe pain in the treatment area (different than your usual symptoms)
- Severe bruising or bleeding
- Decreased range of motion in the joint

What are the results?

You may notice pain relief starting 2-7 days after the injection. Pain relief may last several days to months, allowing you to participate in physical therapy. If injections are helpful and you experience a later recurrence, the procedure can be repeated. If you don't get any pain relief, the bursa may not be the source of your pain.

What are the risks?

The potential risks with inserting the needle include bruising, bleeding, infection, allergic reaction, headache, and nerve damage (rare). Steroid side effects may cause temporary weight gain, water retention, flushing (hot flashes), mood swings or insomnia, and elevated blood sugar levels in diabetics. These effects disappear within a couple of days.

Sources & links

If you have questions, please contact Mayfield Brain & Spine at 800-325-7787 or 513-221-1100.

Glossary

anesthetic: an agent that causes loss of sensation with or without loss of consciousness

bursa: (plural: bursae) small synovial fluid-filled sacs that reduce friction between moving parts in joints of the body

corticosteroid: a hormone produced by the adrenal gland or synthetically. Regulates salt and water balance and has an anti-inflammatory effect.

fluoroscopy: an imaging device that uses X-ray or other radiation to view structures in the body in real time, or "live." Also called a C-arm.



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