

Subacromial Bursa Steroid Injection LAND MARK GUIDED

GP Referral and Patient Information/Consent Form

GENERAL PRACTITIONER REFERRAL SECTION

1. Patient's Name: _____
2. Patient's D.O.B: _____ Patient's phone no: _____
3. Symptomatic shoulder: Right Left
4. Brief history of shoulder complaint: _____

5. Summary of clinical findings relating to affected shoulder:
Shoulder abduction arc: full and pain free full but pain from ____ degrees,
 limited to ____ degrees
Jobe's (empty beer can) sign: negative positive
Impingement sign: negative positive
6. Has the patient had imaging of the affected shoulder: No Yes: Please append copy of imaging report to this referral
7. Is the patient on anti-platelet or anticoagulation? No Yes
If yes: Name and dose medication _____
Indication for medication _____
8. Is the patient diabetic? No Yes
If yes: Is this patient on insulin? _____
What is the BSL control? _____
9. Is this patient on immunosuppressants? No Yes
10. Any other relevant clinical history? _____

GP Name: _____ GP Signature: _____ Date: _____

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PATIENT INFORMATION and CONSENT SECTION

What is a subacromial bursa steroid injection?

Subacromial bursa injections may be helpful to patients who have been diagnosed with rotator cuff syndrome. Rotator cuff syndrome is a condition where one or more of the four rotator cuff muscles tendons have become injured and inflamed. This usually leads to pain in the affected shoulder and may reduce the range of shoulder movement. Night time shoulder pain is also common.

The subacromial bursa is a fluid-filled sac that provides a cushion between bone and tissue. This bursa usually becomes inflamed in rotator cuff syndrome; a condition called bursitis.

During a subacromial bursa injection, a mixture of steroid and local anaesthetic is introduced into the subacromial bursa. The local anaesthetic is designed to give pain relief, though this is likely to last only some hours. More important is the steroid component of the injection, which is designed to reduce the inflammation and swelling in the bursa, and hence give more long term pain relief.

It is important to understand that a subacromial bursa injection is not a shoulder joint injection. A shoulder joint injection is an entirely different type of procedure.

Ultrasound guided versus landmark guided injection

The injection can be performed with ultrasound guidance or using anatomical landmarks to guide the injection. To date research has not demonstrated that one technique is significantly more effective than the other. The Pioneer Health Musculoskeletal Injection Clinic mainly utilizes landmark guided injection. If you wish for an ultrasound guided injection, please ask your GP to refer you to the local specialist radiology provider.

What can I expect from a subacromial bursa steroid injection?

The proposed injection is a minor, practice based procedure performed by an experienced clinician. After completing the informed consent process, your doctor will examine your shoulder and mark out some anatomical landmarks on your shoulder. The doctor will then use a sterile technique, which involves cleaning the skin over the injection site with antiseptic solution. The injection is slightly painful, but usually no more so than a vaccination. A mixture of local anaesthetic and steroid is injected and then a sterile dressing is applied over injection site.

Following the injection, you may have some immediate pain relief from the local anaesthetic, though this may only last some hours. The pain relief from the steroid component of the injection may lag by 1 to 2 days. It is important to understand this injection does not come with a guarantee of pain relief. Most patient have significant pain relief, but this not apply to all patients. Also, the length of pain relief varies from patient. Some patients obtain long term pain relief (months and even years), for others it's more short term (days to weeks.)

What are the risks of a subacromial bursa steroid injection?

Like any procedure, this injection does have potential complications. These are:

- **FAILURE** A small number of patients may gain no pain relief, or only short term pain relief. This may be because the injection was not correctly sited, or because there is another cause of your shoulder pain, such as arthritis of the shoulder joint.
- **BRUISING AND BLEEDING** A small bruise may form around the injection. More severe bleeding complications, such as a haematoma, may occur if you are on blood thinners or have a bleeding disorder. If you are taking blood thinners, please discuss this with your doctor before the injection. You may be advised to stop your blood thinner some days before the injection, and then restart the blood thinner immediately after the injection. However, such advice will be individualized to your specific circumstances.
- **INFECTION** This is probably the most severe potential complication. The incidence if the injection introducing infection is very low. We give the injection using a sterile technique to avoid this complication.
- **DISRUPTION OF BLOOD SUGARS** This is generally only an issue for diabetic patients. If you have diabetes, please be aware that your blood sugars may run higher some days after the injection.

How much will the subacromial bursa injection cost?

Fee	Medicare Rebate	Out-of-pocket cost
\$120	\$39.10	\$80.90

This price will cover the doctor's and nurse's time, all consumables and the local anaesthetic and steroid to be injected.

What should I do after my subacromial bursa injection?

- You should be able to return to normal activities after your injection.
- We recommend that you avoid re-injuring your shoulder, by avoiding activity above shoulder level, (such as painting ceilings, hanging up washing). Such activity put stress on your shoulder.
- We recommend also, that you continue you shoulder physiotherapy exercise programme following the injection. If you do not have a shoulder exercise programme, please discuss this with your GP or physiotherapist.
- If you have stopped a blood thinner ahead of your injection, please restart this blood thinner promptly following the injection.
- If after your injection you experience increasing pain or swelling of the shoulder, or fevers, please promptly contact the Musculoskeletal Injection Clinic at Pioneer Health Albany
- Finally, we would like to hear if your injection has helped with your symptoms. We will be contacting you via a phone call in one week to see how you are progressing. Please let our reception know if you do not wish to be contacted.

If you have any questions about the above, please discuss these with your GP or with the doctor on the day of the injection.

I have read and understood the above and hereby consent to proceed with the procedure of subacromial bursa steroid injection.

Patient Name: _____ Patient Signature: _____ Date: _____

Doctor Name: _____ Doctor Signature: _____ Date: _____