

How To Give A Painless Injection

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If you have Type 2 diabetes, sooner or later you may require insulin injections, either temporarily (as during infections) or permanently. This is nothing to be afraid of, even though many people with long-standing Type 2 diabetes literally spend years worrying about it. I usually teach all my patients how to inject themselves at our first or second meeting, before there's any urgency. Once they give themselves a sample injection of sterile saline (salt water), they find out how easy and painless it can be, and they are spared years of anxiety. If you're anxious about injections, after you read this section, please ask your physician or diabetes educator to allow you to try a self-administered injection. Insulin is usually injected subcutaneous. This means Into a layer of fat under the skin The regions of the body that usually contain appropriate deposits of fat are illustrated in Figure 1 Examine your body to see if you have enough fat at the illustrated sites to comfortably grab a big hunk between your thumb and first finger.

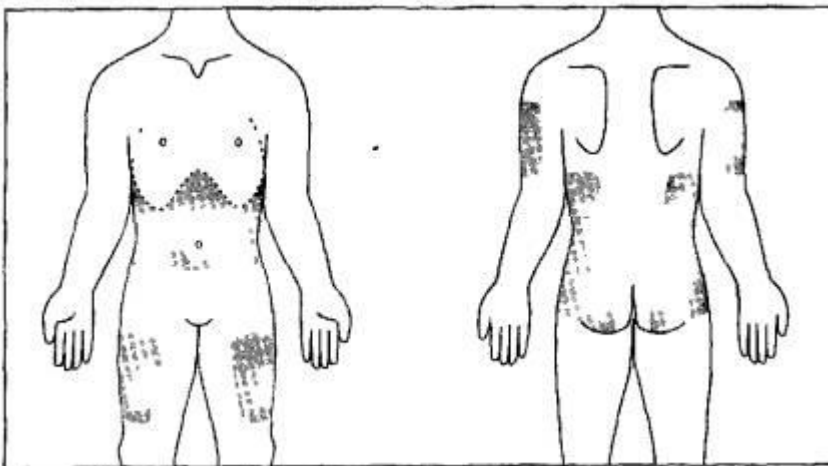


Fig 1 Potential sites for subcutaneous injections.

1. With your “nonshooting” hand, grab as big a chunk of skin plus underlying fat as you can hold comfortably. If you have a nice roll of fat around your waist, use this site. If not, select another site from those illustrated in Figure 1 Nearly everyone has enough subcutaneous buttocks fat to inject there without grabbing any flesh. Just locate a fatty site by feel. To inject into your arm, use the top of a chair, the outside corner of two walls, or the edge of a door to push the loose flesh from the back of your arm to a forward position that you can easily see and reach with the needle.

2. Hold the syringe like a dart, with the thumb and first three fingers of either hand.
3. Now comes the most important part Penetration must be rapid. Never put the needle against the skin and push, as it's often painful. If you can find only a small amount of flesh to hold, the needle should pierce the skin at a 45-degree angle, as in Figure 2, or even better, use one of the new insulin syringes with a short needle (5/16 inch). If you can grab a hefty handful, you should plunge the needle straight in, per-pendicular to the skin surface, or at any angle between 45 degrees and 90 degrees, as shown in Figure 3.

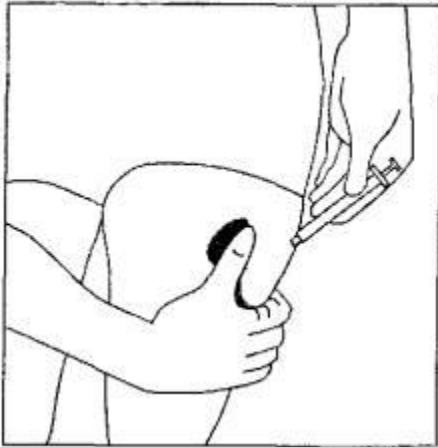


Fig 2 If you are skinny, pierce the skin at a 45-degree angle, or use a short (5/16-inch) needle.

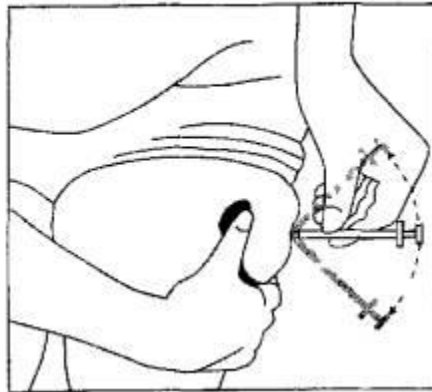


Fig 3 If you're chunky, pierce the skin at any angle between 45 degrees and 90 degrees.

4. The stroke should begin about 4 inches from your target to give the moving needle a chance to pick up speed. Pretend you're throwing a dart—but don't let go of the syringe. Move your entire forearm and give the wrist a flick at the end of the motion. You shouldn't get hurt. The needle should penetrate the skin for its entire length.
5. As soon as it's in, push the plunger all the way down to inject the fluid. Now, promptly remove the needle from the skin. If the demonstration syringe is empty, then there is no need to push the plunger.

There's no need to practice injecting oranges, as has been taught in the past. If you're going to practice anything, you might practice "throwing" a syringe, with the needle cover on, at your skin. All it takes is experiencing one rapid "stick" for you to realize that speed makes it painless. Never has it taken more than a moment for me to get a patient to self-inject. I've had grown men in tears at the prospect of injecting insulin, who soon discover that its easy and painless, and of considerable value in treatment. It doesn't demand much skill, and certainly doesn't require bravery.