PLATELET RICH PLASMA (PRP) INJECTION INSTRUCTIONS

PRE PROCEDURE INSTRUCTIONS:

- Stop all Anti-Inflammatory medications 14 days prior to your procedure.
- If you take Coumadin, Heparin, Lovenox, Warfarin, Pradaxa, Debigatran, Orgaran, Innohep, Fragmin, Argatroban,
 Plavix, Effient, Prasugrel, ReoPro, Ticlid, Trental, Persantine, or any other blood thinner, notify your doctor. This
 medication must be discontinued prior to this procedure and requires permission from the provider prescribing it.
- If you are taking prednisone or any other oral or inhaled corticosteroid medications, please check with the prescribing physician regarding stopping the medication. Ideally, you should stop this medication 14 days prior to the procedure and 3 weeks after the procedure.
- Eat a light breakfast on day of procedure.
- Wear clothing that allows easy access to the affected area.

POST PROCEDURE INSTRUCTIONS:

- Keep injection site clean and dry and covered with a Band-Aid for 12-24 hours after your procedure.
- You may shower at any time; however, avoid pools/hot tubs for 48 hours.
- Expect to have pain after the procedure. On average, pain lasts approximately 3-4 days then will gradually decrease, but in some cases may last longer, up to 2 weeks.
- You may apply ice to the affected area, but no longer than 20 minutes at a time to prevent injury to skin
- DO <u>NOT</u> USE ANTI-INFLAMMATORY MEDICATIONS for <u>at least 2 weeks</u> after your procedure. This is very important and will negate the effects of the therapy by inhibiting inflammation.
- Use Tylenol (acetaminophen) as needed.
- Use the narcotic pain pill if you need to. Due to impairment, you must not drive or do any activity where you may hurt yourself or someone else. You may need these pills only at night and only for the first 1-3 days maximum. Don't use them if you don't need them. They will constipate you, so increase your fiber intake.
- You may experience some localized swelling and bruising at the injection site that can take 4-7 days to resolve.
- Driving Instructions: You may drive home from the procedure if you feel comfortable.
- Call our office if you experience drainage from the injection site, bleeding or fever.
- You will not feel immediate pain relief from this procedure. Maximal improvement occurs over a period of several months, often taking three months to notice relief.

Call the office with any concerns: 610-779-2663

Physical Restrictions:

- Refrain from vigorous activity the first 48 hours. PRP releases growth and healing factors and it is important to not disturb the area of injection for at least 48 hours. For the 48 hours following the injection, we ask that you refrain from vigorous activity involving the injection site in order to receive the maximum benefit of the PRP growth factor stimulation.
- No strenuous work for 1 week.
- Over the next 2 weeks, you may gradually increase your activity back to normal.
- Please ask us at the time of injection if there are specific activities/sports you would like to return to.

9/29/2021

ANTI-INFLAMMATORIES

Avoid 2 weeks before and 2 weeks after your injection

Advil

Aleve	÷
Ansaid	
Aspirin '	
Aleve	
Arthrotec	•
Celebrex	
Clinoril	
Daypro	9
Diclofenac	
Dolobid	
Feldene	
Ibuprofen	
Indocin	
Lodine	
Meloxicam	(4.1
Mobic	•
Motrin '	
Naprosyn	
Naproxen	
Orudis	
Relafen	• .
Tolectin	
Torodol	
Trilisate	
Voltaren	
•	

Platelet-Rich Plasma (PRP)



During the past several years, much has been written about a preparation called platelet-rich plasma (PRP) and its potential effectiveness in the treatment of injuries.

Many famous athletes — Tiger Woods, tennis star Rafael Nadal, and several others — have received PRP for various problems, such as sprained knees and chronic tendon injuries. These types of conditions have typically been treated with medications, physical therapy, or even surgery. Some athletes have credited PRP with their being able to return more quickly to competition.

Even though PRP has received extensive publicity, there are still lingering questions about it; such as:

- What exactly is platelet-rich plasma?
- · How does it work?
- What conditions are being treated with PRP?
- Is PRP treatment effective?

What Is Platelet-rich Plasma (PRP)?

Although blood is mainly a liquid (called plasma), it also contains small solid components (red cells, white cells, and platelets.) The platelets are best known for their importance in clotting blood. However, platelets also contain hundreds of proteins called growth factors which are very important in the healing of injuries.

PRP is plasma with many more platelets than what is typically found in blood. The concentration of platelets — and, thereby, the concentration of growth factors — can be 5 to 10 times greater (or richer) than usual.

To develop a PRP preparation, blood must first be drawn from a patient. The platelets are separated from other blood cells and their concentration is increased during a process called centrifugation. Then the increased concentration of platelets is combined with the remaining blood.

How Does PRP Work?

Although it is not exactly clear how PRP works, laboratory studies have shown that the increased concentration of growth factors in PRP can potentially speed up the healing process.

To speed healing, the injury site is treated with the PRP preparation.

PRP can be carefully injected into the injured area. For example, in Achilles tendonitis, a condition commonly seen
in runners and tennis players, the heel cord can become swollen, inflamed, and painful. A mixture of PRP and local
anesthetic can be injected directly into this inflamed tissue. Afterwards, the pain at the area of injection may actually
increase for the first week or two, and it may be several weeks before the patient feels a beneficial effect.

What Conditions are Treated with PRP? Is It Effective?

Research studies are currently being conducted to evaluate the effectiveness of PRP treatment. At this time, the results of these studies are inconclusive because the effectiveness of PRP therapy can vary. Factors that can influence the effectiveness of PRP treatment include:

- . The area of the body being treated
- The overall health of the patient
- Whether the injury is acute (such as from a fall) or chronic (an injury developing over time)

Chronic Tendon Injuries

According to the research studies currently reported, PRP is most effective in the treatment of chronic tendon injuries, especially tennis elbow, a very common injury of the tendons on the outside of the elbow. It has been shown to be more effective than cortisone injections for chronic tennis elbow.

The use of PRP for other chronic tendon injuries — such as chronic Achilles tendonitis or inflammation of the patellar tendon at the knee is promising. However, it is difficult to say at this time that PRP therapy is any more effective than traditional treatment of these problems.

Acute Ligament and Muscle Injuries

Much of the publicity PRP therapy has received has been about the treatment of acute sports injuries, such as ligament and muscle injuries. PRP has been used to treat professional athletes with common sports injuries like pulled hamstring muscles in the thigh and knee sprains. There is no definitive scientific evidence, however, that PRP therapy actually improves the healing process in these types of injuries.

Knee Arthritis

Some initial research is being done to evaluate the effectiveness of PRP in the treatment of the arthritic knee. It is still too soon to determine if this form of treatment will be any more effective than current treatment methods.

Conclusion

Treatment with PRP could hold promise, however, current research studies to back up the claims in the media are lacking. Although PRP does appear to be effective in the treatment of chronic tendon injuries about the elbow, the medical community needs more scientific evidence before it can determine whether PRP therapy is truly effective in other conditions.

Even though the success of PRP therapy is still questionable, the risks associated with it are minimal: There may be increased pain at the injection site, but the incidence of other problems — infection, tissue damage, nerve injuries appears to be no different from that associated with cortisone injections.

Insurance companies will not consider this procedure for payment; therefore, we require payment on the day of service, prior to the procedure.