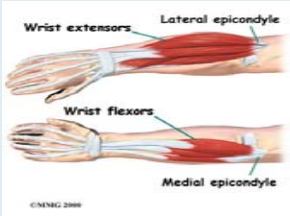
Diagnoses Commonly Treated with PRP

Commonly used to treat tendon injuries, including tendonitis, tendinopathy and tendinosis.

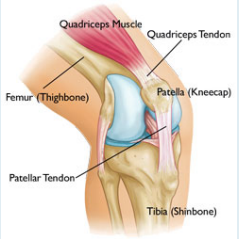
- Medial and Lateral Epicondylitis



- Achilles Tendonitis

- Plantar Faciitis

- Patella and Quadriceps Tendonitis



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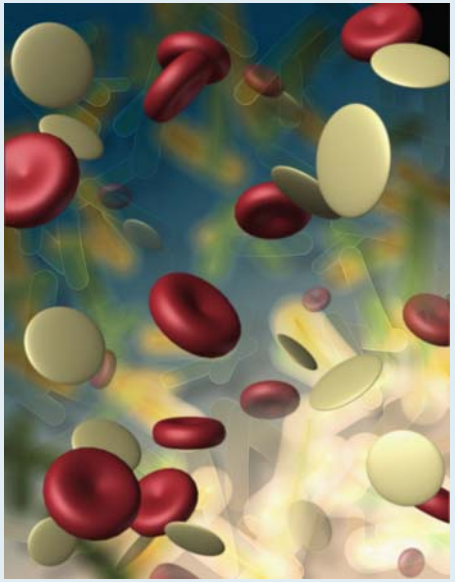
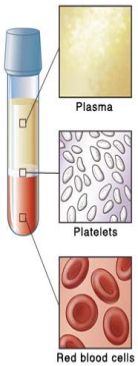
PRP
Platelet-Rich Plasma

A Patient's Guide



What is PRP?

PRP stands for platelet-rich plasma. Platelets are the components of your blood that are best known for blood clotting. Blood is made up of 55% plasma, 45% red blood cells, and about 1% white blood cells and platelets. Platelets also contain hundreds of proteins called growth factors, which are important in the healing of injuries. PRP is the separation of those platelets and plasma from the rest of the blood, which results in a high concentration of the platelets within the plasma, hence, platelet-rich plasma.



How does it work?

Although there is no scientific data that clearly indicates how PRP works, laboratory studies have shown that the increased concentration of growth factors in PRP can potentially speed up the healing process.

What are the risks & side effects?

Possible risks include infection, bleeding and nerve damage. Common side effects include pain and/or ache in the injection site, swelling and bruising.

What are the indications?

PRP can be used to treat tendon and/or ligament injuries.

PRP is not recommended for patients with:

- Low blood pressure
- Diabetes
- Fever
- Heart conditions
- Pregnancy
- Anemia
- Use of blood thinners
- Later stages of dialysis
- Allergy to bovine products
- Bovine thrombosis
- Blood clot or platelet disorder
- Infections on or near the injection site

What does the science say?

Although there have been many scientific studies regarding PRP, there is little to no evidence that PRP is effective in treating injuries.

Is PRP FDA Approved?

At this time, although PRP may have some potential benefit, they are not FDA approved procedures.

Does insurance cover PRP?

No, insurances do not currently cover PRP as the procedure is not FDA approved, and is therefore considered investigational and experimental at this time.

The Procedure

PRP injections are an office based procedure. After check-in, the patient will have between 30-60cc of blood drawn into a special syringe. The syringe is then placed into a centrifuge, which will separate the PRP from the rest of the blood, yielding between 2-10cc. The separated PRP is then drawn into another syringe, which will be injected under ultrasound guidance into the effected area.

How long will the process take?

The entire process will take approximately 20-30 minutes.

What to expect post injection

Most commonly, patients may experience an increase of pain, which normally subsides to a dull ache, which could last up to 2-5 days.

Will more than one injection be required?

Depending on the severity of the injury, multiple injections may be performed. However, there is little to no scientific evidence to support the efficacy of PRP in treating injuries, let alone multiple injections.

How to Prepare

- No corticosteroids for two to three weeks prior to the procedure
- Discontinue NSAIDs one week prior to the procedure. Traditional NSAIDs include:
  - ♦ Aspirin
  - ♦ Ibuprofen
  - ♦ Naproxen
  - ♦ Nabumetone
- No anticoagulation use five days prior to the procedure
- Increase fluid intake in the 24 hours prior to the procedure