

PRP Injections - Frequently Asked Questions

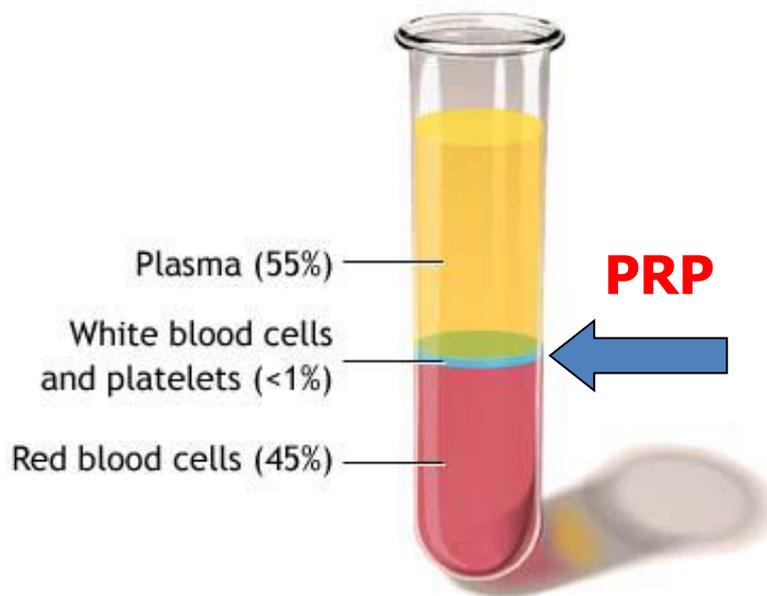
by Dr George Pitsis

1. What is PRP?

“PRP” stands for Platelet Rich Plasma, and is a new novel way of treating tendon problems.

2. Where does PRP come from?

PRP is comes directly from your blood. Blood is taken and spun in a centrifuge. This separates blood into its various constituents; red cells on the bottom, plasma on the top, and platelets in the middle on top of the red blood cell layer known as the “buffy coat”. This is then taken and concentrated into what is then known as PRP.



3. How does PRP work?

Platelets contain growth factors essential for soft tissue healing and repair. When tissue becomes injured, platelets are responsible for clotting blood to stop bleeding. They are thus in the perfect place to release growth factors to aid healing. Weeks after an injury occurs and the initial healing processes subside, PRP administered into the site of injury can replicate the environment of healing and allow further tissue repair to occur.

4. How is the treatment administered?

Blood is taken the same day the PRP is injected. The skin is prepared with alcohol antiseptic and the injection is performed by Ultrasound Guidance using a disposable sterile needle to maximise accuracy. Ultrasound has no radiation. The PRP is mixed with a local anaesthetic to minimise pain. The pain experienced during the injection ranges from minimal to quite sore. The whole process takes approximately 40 minutes to complete.

5. What are the Benefits of PRP?

The injection can have both diagnostic and therapeutic benefits. If symptoms are reduced by the effect of the local anaesthetic, this provides clinical evidence the pathological structure injected is the cause (or partly) of the pain, hence being 'diagnostic'.

PRP can be 'therapeutic' by aiding healing of soft tissues where the natural healing processes have slowed down or ceased. In some cases, further healing and repair is not possible without intervention such as PRP. The rate success of PRP depends on many factors including the chronicity and severity of the problem, associated mechanical components, and biomechanical predisposing causes being addressed. For a small amount of patients there is no benefit at all.

Appropriately administered, PRP can greatly assist in definitively treating many conditions, as well as assisting with progressing rehabilitation with your allied health professional. Specifically, where cortisone can be harmful to soft tissues, PRP can aid in their healing and are particularly suited to partial tendon tears.

6. How long do they last for?

PRP continues to work for up to 6 weeks.

7. How many injections do I need?

Generally speaking, although some people require only one PRP injection, most require a second injection, and some require a third. Occasionally more than three injections may prove to be beneficial. Injections are usually spaced by 4-6 week intervals. Injections into other sites can be safely administered without any deleterious consequences.

8. How many injections can I have?

There is no limit to how many you can have, however the benefit of PRP usually reaches its maximum after three.

9. How often do I have injections if I need more than one?

Six weeks is the usual interval, however in more intense treatment regimens PRP injections may repeat as often as every week.



10. What are the risks and side effects?

As with any injection there are some risks and side effects, however it is rare that there are any major complications with PRP injections as your own blood is used to harvest the product.

The most common side effect is increased pain in the area of injection. Many growth factors and white blood cells which act as inflammatory mediators can make the area feel as if it has just been injured. Some people experience little pain; others quite a lot. After initial pain the local anaesthetic starts taking effect within a few seconds lasting 30-60 minutes, after which time soreness comes on again. Pain is usually the worst in the first 24-48 hours, usually settles after a few days, however pain can persist for a number of weeks on occasions. Analgesia such as Panadeine Forte (script) and cold packs can help ease this pain. Rarely the local anaesthetic used may cause a reaction.

There is a 1:10,000 chance of infection, and all the necessary universal sterile techniques are adhered to, including use of gloves, antiseptic, and a 'no touch' technique.

If significant pain persists greater than 2 days, or particularly if redness, heat and fevers develops please contact your treating specialist immediately.

In the event of an injection occurring into a structure which lies close to the skin a bruise may develop.

11. Is there anything I have to do to prepare for the injection?

Yes, you must **NOT** take anti-inflammatory medication (such as Ibuprofen, Diclofenac, Meloxicam, Celecoxib etc.) for at least 10 days prior to the injection. These may affect the way PRP works.

12. What do I do after the injection?

You must continue NOT take anti-inflammatory medications, avoid alcohol, and heat packs. Analgesia and ice packs can be continued as necessary, and are usually only required for the first 24-48 hrs. You can commence stretches as pain permits within the first few days, and then integrate your strength program when the pain settles soon after under the supervision of your allied health professional.

13. Can I drive after the injection?

Generally speaking, yes you can drive as long as the injection does not affect your ability to control the vehicle e.g. injection into the plantar fascia (heel). Occasionally an injection may causing aching an hour after the local anaesthetic wears off and cause difficulty after this period for the first 24 hours following the injection.



14. Are there alternatives?

There may be more appropriate alternatives to your condition including Cortisone, Hyaluronic Acid Viscosupplementation (e.g. Synvisc One, Durolane), Autologous Tenocyte Injections (ATI), and Orthokine injections. These can be discussed with your Sport and Exercise Physician.

If you have any further questions, please contact SMI on 9525 3444.

