Platelet Rich Plasma (PRP) Injection

Information and Instructions for Patient
BACKGROUND ON PLATELET RICH PLASMA (PRP)

PRP has gotten quite a bit of media attention related to its use to treat many high level professional athletes with the goal of promoting healing and expediting their return to competition.

Despite the recent increased awareness in the treatment of orthopedic conditions, PRP is not a novel treatment. It has been used for more than 20 years, mainly outside the orthopedic and sports medicine field. In fact, the first clinical application of PRP appeared in the treatment of cutaneous skin ulcers to promote wound healing. Since then, PRP has been utilized and studied in multiple fields, including plastic surgery, oral and maxillofacial surgery, orthopedics, and sports medicine.

In regards to orthopaedic surgery, PRP is currently used to treat both acute and chronic musculoskeletal conditions. Some of these conditions include the treatment of tendon disorders, such as lateral “tennis elbow” and medial “golfers elbow” epicondylitis, achilles and patellar tendinopathy, acute ligament sprains, muscle strains, osteoarthritis, and low back pain, among other conditions. Additionally, orthopedic surgeons have utilized PRP as an intra-operative measure to promote healing.

PRP utilization has been gaining momentum in part do to an increasing number of scientific studies showing its benefit as well as the fact that it can be performed through a fairly simple injection. It should be noted that PRP is typically thought to be most effective when used in conjunction with a closely followed rehabilitation plan.

Furthermore, despite encouraging evidence that PRP is beneficial in treating many conditions, PRP is not a panacea—all studies are not conclusive on its efficacy. If your physician offers PRP as a treatment option it is because he or she feels that the benefits of PRP outweigh the risks.

PRP can be used as a reasonable alternative to or in addition to other options including cortisone injection, surgery, or noninvasive treatments such as oral medications and physical therapy.
DAY OF PLATELET RICH PLASMA (PRP) PROCEDURE:

If you had an MRI scan performed outside of IBJI (Lake Cook Orthopedics), it is critical that you bring these images to the procedure either on disk or on film, so the scan can be reviewed for an appropriate target ahead of the injection. IBJI (Lake Cook Orthopedics) studies are available on our electronic image storage system. The following steps will occur when you arrive at IBJI (Lake Cook Orthopedics).

WHEN YOU ARRIVE PLEASE CHECK-IN AT YOUR TREATING PHYSICIAN’S CHECK-IN DESK.

• Your physician’s nurse or medical assistant will bring you into a consultation room.

• Next you will have a consultation with your treating physician regarding the procedure and informed consent will be obtained if you wish to proceed with the procedure.

• Nursing staff will draw blood from an arm vein and place it in the centrifuge to concentrate the PRP.

• Ultrasound of the affected area will be done to help localize areas of injury.

• Under sterile technique, local anesthetic will be used to numb the skin and the area of injection. At this point your physician will perform the PRP injection. This may include needling of the adjacent tendon to promote healing which may cause some discomfort during and temporarily following the procedure.

• Following the procedure you will rest for 15 minutes in the exam room.

• At this point you will be discharged home with the entire procedure typically taking about 1 hour.

POST-PROCEDURE INSTRUCTIONS

Your physician may recommend icing the area for 20 minutes every 2-3 hours for the first 24-48 hours after the procedure. About 1 in 10 patients experience a “flare” reaction beginning the day after the procedure, manifested by notable pain. If this occurs, begin taking the prescribed pain medication and notify your physician or his/her nurse/medical assistant at 847-381-0388.

While some redness and swelling are common after the procedure, if any progressive swelling, redness, drainage or fever occurs, notify the performing physician or staff. In this situation the concern is for a post injection infection, however, as noted above this is an extremely rare complication. If symptoms are severe, you may be directed to the Emergency Room at the local hospital.

ACTIVITY LEVEL AND FOLLOW-UP

For the day of the procedure and the day after, limit the activity related to the injection site to activities of daily living. Depending on the injection site and your referring physician’s preferences, you may be recommended rest in a splint, sling or crutches for 1-2 days. The rehabilitation phase typically last a minimum of 6 weeks and is generally performed through a course of physical therapy. The rehabilitation phase should start with gentle range-of-motion activities and move to strengthening of the opposing muscle groups.
The injected area should then be strengthened slowly, allowing adequate time for the tendon or muscle to continue the healing process. If not already arranged, please make an appointment with your treating physician at that time point to assess your progress. It is expected that it will take up to 6-8 weeks to adequately assess your response to the PRP injection and post procedure therapy. If not already arranged, please make an appointment with your treating physician at that time point to assess your progress. Return to higher level activities such as running, cycling, golf, weight training, etc., will be directed by your treating physician.

**WILL INSURANCE COVER PRP INJECTIONS?**

Our experience has been that for most problems a single injection will typically accomplish the treatment goal. In other cases, multiple injections may be recommended. In many cases, these decisions are often guided by the physician’s clinical judgment and the patients’ financial situation. Because most insurance companies do not cover PRP treatments, patients need to weigh the costs before making a choice. PRP injections can cost between $1,000 and $2,000.