

A Patient's Guide to Platelet Rich Plasma Therapy (PRP)

PLATELET RICH PLASMA INJECTION (PRP)

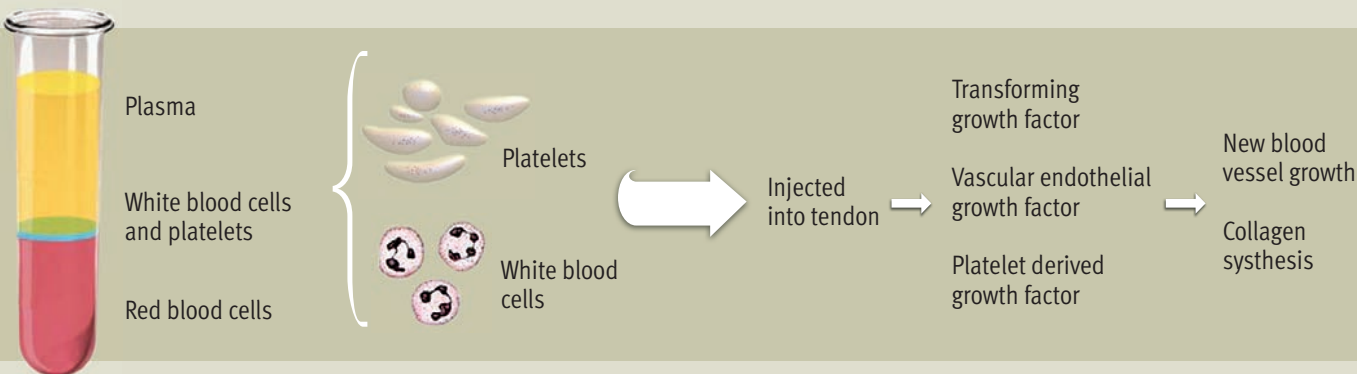
is a treatment option for chronic tendinosis. Common examples of tendinosis are shown below, although any other tendon may be involved.

- Golfer's Elbow
- Tennis Elbow
- Achilles Tendinosis
- Rotator Cuff Tendinosis
- Plantar Fasciitis

Tendinosis (often mislabeled as tendonitis) is a degenerative, often painful, non-inflammatory condition of a tendon usually affecting people over the age of 35. This degenerative portion of tendon is weaker than normal tendon, and may be at risk of progressing to a tear later in the course of the disease.

PLATELET RICH PLASMA

is prepared by centrifugation of a patient's blood, and extracting specially prepared platelets with a small amount of plasma. The platelets are then injected into the area of tendinosis. Platelets contain high concentrations of growth factors known as cytokines which initiate a cascade of events leading to tissue regeneration through new blood vessel growth and collagen synthesis.¹



THE PROCEDURE:

An initial visit with Dr. Broyles will be needed to determine if you are a candidate for PRP injection. An MRI may be needed to confirm the diagnosis and to rule out other local complicating conditions. Patients who have failed traditional treatment with medications and therapy may be candidates for PRP injection. If PRP is determined to be an option, the procedure will be scheduled on a different day, and will take about one hour.

WHEN CAN I EXPECT RELIEF?

PRP injection does not provide immediate relief; instead, it sets in motion a repair mechanism that does take some time. A study published in the *American Journal of Sports Medicine* showed the following results in patients with chronic elbow tendinosis:

- 46% pain relief by 4 weeks
- 60% pain relief by 8 weeks
- 81% pain relief by 6 months

At the conclusion of the study, 93% of patients were completely satisfied with the PRP treatment and had avoided surgery.²

Patient Instructions

- For one week prior to the injection, do not take anti-inflammatory medicines (NSAIDS) or aspirin. Following the injection, do not take NSAIDS for several months, as these medications inhibit the healing process.
- The morning of the procedure, eat only low fat foods. After the procedure, there are no dietary restrictions.
- Pain from the injection begins as soon as the local anesthetic wears off (approximately one hour) and seems to peak about 12 hours after the injection. Narcotic pain medicine, cold compresses, or acetaminophen (Tylenol) may be used for the pain. Redness and swelling occur frequently at the injection location and last about 2 days.
- Crutches are frequently needed for the first 2 days following an injection to a tendon in the ankle or knee. For the arm or shoulder, a sling may be worn initially for more comfort.
- There are no specific activity restrictions following the procedure; patients may return to full activity as tolerated.

¹ Mishra et al, Clinical Sports Medicine, 2008

² Mishra and Pavelko, American Journal of Sports Medicine, 2006