

After the examination

After the procedure, for optimum treatment results please avoid smoking, excess alcohol, aspirin and anti-inflammatory drugs such as Nurofen, Naproxen and Voltaren for six weeks after this treatment procedure. However, some pain may be experienced after the procedure, in which case the use of paracetamol is allowed.

You should avoid strenuous or excessive use of the tendon for 2 weeks (or as guided by your referring clinician), after which physiotherapy will be started.

Your clinical review, follow-up outpatient appointment and physiotherapy should be arranged through the clinical team looking after your care. You should expect a repeat Ultrasound in 4-6 weeks to monitor any changes in your tendon.

The PRP injection may also be repeated at intervals if needed.

More information is available through the National Institute for Health & Clinical Excellence: www.nice.org.uk/nicemedia/live/11979/42914/42914.pdf

Useful contact numbers

X-Ray / Ultrasound **020 8909 5443**
MRI / CT / Nuclear Medicine **020 8909 5801**
DXA **020 8909 5476**
Pre operative assessment **020 8909 5630**



**Royal National
Orthopaedic Hospital**
NHS Trust



A patient's guide to

Platelet Rich Plasma (PRP) Blood Injection

If you would like this leaflet translated into another language/large print, please contact the Quality Team on 020 8909 5439.

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17-138 © RNOH

Date of publication: April 2017
Date of next review: April 2019
Author: Imaging Department



Your appointment will be cancelled if you do not follow the precautions stated in this leaflet.

What is a PRP and how does it work?

Blood is taken from the patient and placed in a centrifuge machine which spins the blood to separate the red blood cells from platelets (platelets are cell fragments that produce substances called growth factors). The platelet rich plasma (PRP) obtained is re-injected into the affected tendon.

The aim is to supply the tendon with growth factors that start the healing process and reduce pain and swelling. Injecting patients with their own blood product can be used to treat people with tendon problems that cause pain, weakness and stiffness.

Important Preparation

The injection uses a local anaesthetic, so you will be unable to drive yourself home following the procedure even if you feel well enough to drive (car insurance is invalidated following the administration of any local anaesthetic).

We require you to inform the department if any of the following are applicable to you:

- You are taking ANY drugs to thin your blood (anti-coagulants) e.g. Aspirin, Warfarin, Clopidogrel, Rivaroxaban, Apixaban.
- You are taking any non-steroidal anti-inflammatory drugs e.g. Voltaren, Neurofen, Naproxen. (these must be stopped 2 weeks prior to the procedure)
- If you are taking any antibiotics.
- You have a concern you may have an infection
- Or any allergies to medications

Contact number: **020 8909 5801**

Before the procedure

Before the procedure you should not have taken any anti-inflammatory drugs e.g. Aspirin or Ibuprofen, for at least 2 weeks prior to the procedure. **For the optimum treatment results you should also avoid smoking and excess alcohol consumption for the same period of time.**

You will be asked to fill out a questionnaire relating to your current pain and restrictions to daily living. You should be prepared to fill out further questionnaires after the procedure.

Arriving in the department

You will be asked to fill out a questionnaire relating to your current pain and restrictions to daily living. You should be prepared to fill out further questionnaires after the procedure.

Please come to the X-ray department and book in at reception. You will be asked to take a seat. Be aware we run a busy service with multiple procedures, so patients will be taken into separate rooms at different times.

In the room

You will be asked into the room where a nurse / helper will help you change if required. They are there to help with the procedure and ensure you are at ease throughout.

The radiologist will carry out the procedure. If you have a latex allergy please inform the staff in the room.

The procedure A 10ml sample of blood is withdrawn from one arm. The blood is centrifuged to produce a platelet-rich plasma sample. Under an aseptic technique (clean) and local anaesthetic, a needle will be placed through the skin into the tendon. A technique called 'dry needling' (repeatedly passing a needle through the tendon) may be performed before injection of the platelet rich plasma sample. With ultrasound guidance, about 1–3 ml of platelet-rich plasma is injected into the area of the damaged tendon. A dressing is used at the end of the procedure and needs to be kept clean and dry for the rest of the day.