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## **Platelet Rich Plasma (PRP) Procedure FAQs**

### **How do I know if I am a good candidate for PRP?**

Initially, you will be seen in consultation by Dr. Stiene in order to determine if you are a good candidate for the procedure. This involves reviewing your medical, athletic, and occupational history as it relates to your injury. The injured area will also be examined and imaged with diagnostic ultrasound as that is the imaging modality that will be used when treated with PRP. Any other previous imaging that you have had will also be reviewed. Once the consultation is complete, we will discuss the specifics of the procedure, as well as how long you might expect to miss work and how long it will take you to recover. We will also review the medications that you are taking and determine if any needed to temporarily stopped.

### **How much blood is drawn from the patient?**

Depending on the injury, 30-60ml (one to two ounces) is drawn with a simple blood draw. The blood is then processed in the lab to produce the PRP. This takes about 30 minutes and then the platelets are collected in a syringe leaving 3-7cc (one to two teaspoons) to be placed at the site of injury.

### **How painful is the procedure?**

The area of injury is anesthetized either with local anesthetic or by an ultrasound guided nerve block for more involved procedures or injuries that are difficult to anesthetize with a local anesthetic due to location, poor blood supply, or patient comfort. You will be conscious so you may feel the pressure of the physician's hand or needle pressure.

About one in 10 patients may experience significant post-treatment pain that last for a few days and is thought to be due to a combination of factors such as release of the scar tissue, bone spurs, and a vigorous inflammatory response due to the PRP. Most patients will experience mild-moderate pain that can be managed with Tylenol, non-narcotic pain medicine, topical pain cream and narcotic analgesics when needed.

### **How long will I be in the office and will someone need to drive me?**

Patients are usually in the office for about an hour and a half. It takes about 30 minutes to draw blood and process the platelets, the nerve block takes about 15 minutes to take effect and it takes the physician about 10-30 to complete the procedure. If you have a procedure that involves your right leg you will not be able to drive yourself because of the nerve block. If you drive a manual transmission and have procedure done to either leg or right upper extremity, you will need someone to drive you.

**Do I need to fast?**

Patients do not need to fast if only receiving PRP. If you are also receiving stem cell you may be asked to fast. We also encourage you to hydrate as the fluid helps fill your blood vessels making the blood draw much easier.

**Is anything done at the site of injury other than injecting the PRP?**

If the injured area contains scar tissue, it will be broken up or fenestrated with the needle to stimulate blood supply, create channels for PRP to travel through, and activate as many platelets as possible. This is done through the skin with a needle under ultrasound guidance and is also known as a percutaneous tenotomy (PNT). If there is a bone spur present it will be released with the needle and if calcifications are seen within the tendon those will be broken up with the needle as well. Once released and broken up the bone spurs and calcifications remain inert and do not cause any problems.

**How soon can I return to normal and athletic activities?**

PRP offers no instant pain relief, but regenerates healthy tissue which takes a number of weeks. Most patients are able to return to work the day following the procedure unless they are 1 in 10 that has a post-injection flare and in that situation you may need an extra day off work. Return to athletic activity depends on the type and site of injury. Most chronic tendon injuries that have failed to respond to any other type of treatment will generally take quite a number of weeks to heal. Injections into joints and acute muscle injuries respond quite a bit sooner.

**Will I need to go to physical therapy?**

If you are being treated for a chronic tendon injury or arthritis, you will generally be able to do a home exercise program if you have already worked with a physical therapist. If you have an acute injury or have not worked with a therapist in the past, you will likely spend a few visits with a physical therapist who will also give you a home exercise program. The area of the body that is injured also determines whether you need to work in part with a physical therapist or whether you can work independently on therapy or a combination of both.

**How many PRP treatments will I need?**

Most patients need 2-3 treatments if being treated for arthritis or chronic tendinosis. Acute muscle injuries need 1-2 treatments. Age also plays a factor determining the amount of treatments. We have less stem cells as we age and this can affect the number of treatments received. Younger patients generally need treatments less frequently.

**Who is not a candidate for PRP treatment?**

Patients with active infections or cancer are generally not candidates. Patients who use aspirin on a daily basis will need to discontinue the aspirin about 5-7 days prior to treatment. Those who use anti-inflammatory medicines (NSAIDs) such as Aleve, ibuprofen, and prescription anti-inflammatory will need to stop those medicines for 2-5 days prior to treatment and usually after treatment as well. If you have recently taken any type of corticosteroid, you must disclose and discuss this with us as it will affect the timing of your treatments.

### **Does insurance cover this procedure?**

Generally not if PRP is the primary procedure; however, insurance may cover other aspects of the visit especially if the primary procedure you are receiving is a tenotomy that will be discussed during your consultation. Beacon Orthopaedics employs patient advisors/financial counselors who will discuss the insurance and coverage issues with you.

### **What conditions are often treated with PRP?**

#### *Shoulder*

- Rotator Cuff Tendinosis/Tears
- AC & Glenohumeral Joint Arthritis
- Biceps Tendinosis

#### *Elbow*

- Lateral/Medial Epicondylitis (Tennis/Golfers Elbow)
- Injuries to the Flexor, Extensor, and Bicipital Tendons
- Ulnar Collateral Ligament Injuries
- Elbow Arthritis

#### *Hand & Wrist*

- Tendonitis
- Muscle tears
- Arthritis

#### *Knee*

- Osteoarthritis
- Patellar Tendinosis (Jumper's knee)
- Quadriceps tendinosis
- Collateral Ligament Tears
- ITB Friction Syndrome
- Quadriceps/Hamstring Strains
- Kneecap Pain (Patellofemoral Syndrome)

#### *Foot & Ankle*

- Achilles Tendon Injuries
- Peroneal/Posterior Tibialis Tendon Injuries
- Plantar Fasciitis
- Foot and Ankle Arthritis
- Chronic Ligament Injuries
- Osteoarthritis

#### *Hip/Pelvis*

- Trochanteric Bursitis
- Hamstring Injuries
- Pubic Symphysis Pain
- Piriformis Syndrome
- Hip Arthritis