

Information for patients having a platelet rich plasma (PRP) injection

Introduction

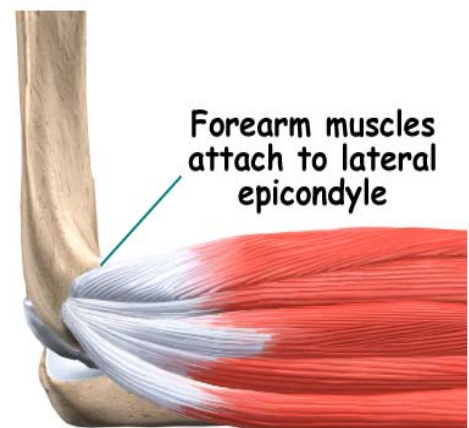
This leaflet will explain what will happen when you come to the hospital for your injection. It is important that you understand what to expect and feel able to take an active role in your treatment. This procedure will be performed as a day case (so you will go home the same day). There will be many different health professionals involved in your care during your stay and there will be a clear plan for any after care when you are discharged from hospital. This leaflet will answer some of the questions that you may have but if there is anything that you and your family are not sure about then please ask your doctor or nurse.

It is recommended that you do not take any anti-inflammatory medications a week before this procedure and for up to 4 weeks after.

Why am I having this operation?

PRP is a new treatment used for some common orthopaedic conditions like: lateral epicondylitis (tennis elbow) or medial epicondylitis (golfer's elbow) in your elbow, impingement syndrome in your shoulder and other conditions:

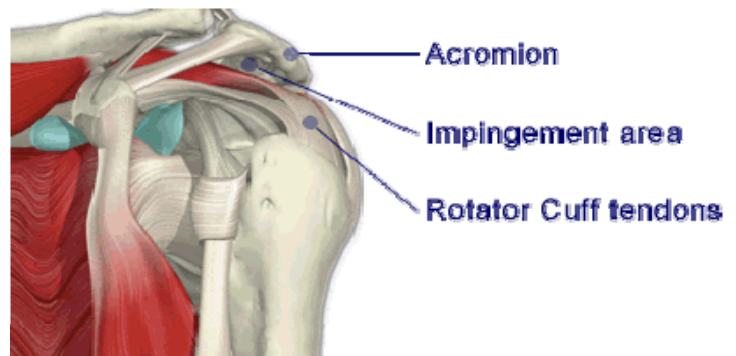
- Tennis elbow (or lateral epicondylitis) is pain on the outer side of the elbow caused by inflammation in a forearm muscle tendon. Tennis elbow is the result of repeated bending and twisting movements of the forearm, such as when playing tennis, using a screwdriver, wringing wet clothes or carrying buckets. The strains, initially painless, cause small tears in the tendon. As they start to heal, more tears occur and painful inflamed scar tissue forms.
- Similarly, golfer's elbow (or medial epicondylitis) is pain on the inner side of the elbow caused by inflammation in a forearm muscle tendon.
- Impingement syndrome of the shoulder - the subacromial area lies between the top of the arm bone (humerus) and a bony prominence on the shoulder blade (acromion). The coracoacromial ligament completes the arch. A muscle and fluid filled cushion (bursa) lie between the arm bone and acromion. With certain movements and positions these structures can become pinched and inflamed.



The pain that you have been experiencing is caused by this pinching and is typically felt on movements such as reaching and putting your arm into a jacket sleeve.

What is PRP?

Platelet rich plasma (PRP) is blood plasma with concentrated platelets (the body's repairmen for damaged tissue). The concentrated platelets found in PRP contain growth factors that are vital to initiate and accelerate tissue repair and regeneration. These bioactive proteins initiate connective tissue healing and repair, promote development of new blood vessels, and stimulate the healing process.



How does PRP therapy work?

Blood will be taken from you and then placed in a machine that spins at high speed to separate the different types of blood cells. The surgeon will extract the platelet rich part of the blood, mix it with local anaesthetic and inject this into the area of your injury. The entire process to prepare your blood takes about 15 minutes and increases the concentration of platelets and growth factors at the site of injury by up to 500% (you will have five times the normal number of platelets/growth factors). By having a PRP injection, we aim to stimulate your body's ability to heal chronic conditions like tennis elbow.

What are the potential benefits of treatment?

The main benefit is that patients can see a significant improvement in symptoms. This treatment may eliminate the need for more aggressive treatments such as long term medication or surgery, as well as a remarkable return of function and a much shorter recovery time.

A major advantage of this treatment is that no foreign substance is used – we use the patient's own growth factors from his or her own blood - so there is no risk of any disease transmission.

What are the alternatives?

They include:

- Surgery
- Anti-inflammatory drug therapy
- Steroid injections
- Physiotherapy

What are the possible risks or complications of this procedure?

As with all surgery there is a risk of some complications. These are rare, but you should be aware of them before your operation. They include:

- Infection at the site of the injection.
- An increase in inflammation and pain at the site of the injection.
- Bleeding and/or bruising.
- No relief or worsening of symptoms.
- Skin discolouration.
- Allergic reaction to the local anaesthetic drug.
- Failure to achieve successful result.
- Injury to the nerves or blood vessels.
- Prolonged stiffness and or pain.

If you require further information about risks or complications, please discuss with the doctors in clinic or on admission.

How long will the procedure take?

The procedure usually takes around 30 minutes. Most of this time is separating the platelet-rich plasma from your blood sample.

What will happen after I am discharged?

- Pain – A local anaesthetic is used during the procedure which means that immediately after the procedure the elbow may feel numb. This may last a few hours. After this the elbow may well be sore for a period of 24 to 48 hours. You can take simple painkillers such as paracetamol, following the dosage instructions on the packaging. It is recommended that you do not take anti-inflammatory medications (such as aspirin or ibuprofen) for up to a week before and for up to 4 weeks after the procedure. If you are unsure whether any regular medication you are on is anti-inflammatory, show it to your doctor or nurse so that they can advise you whether it is safe to take.
- Activity and exercise – Only do minimal activity for the first three days after the procedure and resume light activity after a week.
- Work – You may return as soon as you feel able - usually within a few days after the procedure. If your job involves manual work, stay off work for about a week. If you require a sickness certificate for your employer, please ask the nursing staff before you are discharged. Further certificates can be provided by your GP.
- Driving – You may resume driving when you feel comfortable, usually within one week after your procedure.

- Follow up appointment - You will receive a follow-up appointment for around three weeks after the procedure. At this stage you will be reviewed by the specialist physiotherapist or consultant, who will check your progress, make sure you are moving your elbow and shoulder and give you further exercises as appropriate.

Useful numbers

Adult Day Surgery Unit:	0118 322 7622
Hunter Ward:	0118 322 7535
Lister Ward:	0118 322 7538
Pre-operative Assessment:	0118 322 6546

Reading Shoulder Unit, Royal Berkshire Hospital www.readingshoulderunit.com

Professor Ofer Levy, MD MCh (Orth) FRCS

Secretary - Denise Neville 0118 322 7427 e-mail: denise.neville@royalberkshire.nhs.uk

Any concerns you may have during the first 24 hours of your discharge please telephone the ward you were on. After 24 hours please seek advice from your GP.

For more information about the Trust visit www.royalberkshire.nhs.uk

Pre-operative Assessment: December 2011

Revised Orthopaedic Outpatients: November 2012

Review due: November 2014