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- > a network of conveniently located community and hospital based locations
- > caring, helpful and professional staff
- > state-of-the-art diagnostic equipment
- > over 60 specialist radiologists, trained to provide you with accurate and reliable results
- > world class digital networking between clinics provides the benefits of second opinions from specialist radiologists, no matter which clinic you attend.

You can now request an appointment online via our website and our staff will call you back to confirm your appointment, please visit our website:

www.perthradclinic.com.au

An appointment has been made for you

Clinic _____

Address _____

Phone _____

Time _____

Date _____



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A GUIDE FOR PATIENTS

Platelet Rich Plasma Injection

For information regarding your appointment, please see the back of this leaflet.

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What is Platelet Rich Plasma?

Blood is made up of red cells, white cells, platelets and plasma. Plasma is the fluid part of the blood.

Platelets are the smallest blood cells that circulate in your blood. Their best known function is involved clot formation, which controls bleeding at wound sites. What is not so well known is that they contain many bioactive factors that initiate and regulate wound healing.

Platelet Rich Plasma (PRP) is plasma from which the red cells and white cells have been removed and the platelets concentrated. It is made from your own blood. The plasma, the platelets and the bioactive factors that will be reinjected into your injury site are all your own. No synthetic growth factors are added.

How does Platelet Rich Therapy Work

Platelet Rich Therapy (PRP) harnesses the healing properties of blood in order to treat pain arising from tendons, ligaments, muscles and joints.

PRP is most commonly used for the treatment of diseased tendons, referred to as tendinitis or tendinopathy. Tendinitis/Tendinopathy can progress to a partial tear and if left untreated can turn into a complete tendon tear.

PRP injections aim to stimulate the healing process by delivering platelets directly to the site of injury. PRP focuses on restoring normal tissue composition while avoiding further damage.

PRP is good for helping injuries that may either heal on their own (given enough time) or are maybe stuck in the healing process and need a little "kick-start" to get the process back on the fast track.

This treatment is not a 'quick fix' and is designed to promote long term healing. Patients who follow a course of physical therapy following PRP injection are likely to see the most improvement to the affected area.

History of PRP therapy

PRP has long been recognised as a potential expeditor of wound healing. Reports began appearing in the medical literature in the late 1980s and early 1990s where PRP was used in the surgical setting to enhance healing. The first reports involve orthopaedic, plastic and dental/facial bone surgery. The potential for enhanced healing in the sports

injury setting was recognised in the early 2000s. More and more reports began appearing describing PRP use in the treatment of chronic tendon and

Is PRP right for me?

Patients should consider PRP treatment if they have been diagnosed with any of the following:

- Tennis elbow (common extensor tendinopathy, lateral epicondylitis)
- Golfer's elbow (common flexor tendinopathy, medial epicondylitis)
- Knee tendinopathy
- Achilles Tendinopathy
- Hamstring Tendinopathy
- Plantar Fasciitis (heel spur)
- Mild to moderate osteoarthritis

How do I prepare for an injection?

To ensure suitability for treatment, referrals will be checked by our radiologists. An ultrasound or MRI study would be needed prior to the injection to confirm the diagnosis, pinpoint the injection site, and to rule out any condition best treated surgically

Non steroidal anti-inflammatory medications (NSAIDs) – for example Nurofen, Voltaren, Mobic interfere with platelet function, and need to be stopped 7 days before and 7 days after this procedure.

It is also advisable not to have had a corticosteroid injection in the 4 weeks before the PRP injection.

How is the procedure performed

Total appointment time will range from 30 to 45 minutes.

In most circumstances, 8ml of your blood will be collected from your arm in much the same way as a routine blood test. The blood is then spun in a centrifuge to separate the platelets from the red and white cells.

The platelets suspended in plasma are withdrawn and readied for injection into the affected area.

Following a local anaesthetic, the PRP will be injected, under image guidance, into the site of injury. Image guidance is important because it offers the very best chance that the PRP is delivered to the specific site of injury, where it can do the most good.



What are the side effects?

Although uncommon these include those associated with any injection including pain, infection, skin bruising and discolouration, nerve injury, calcification and scarring. Please notify us of any allergies prior to the PRP injection.

Call Perth Radiological Clinic or your referring practitioner, if pain persists or you develop any other adverse reaction.

After Care Management and Follow up

Initially the procedure may cause some localised pain, which usually occurs for the first few days and slowly decreases. A cool compress or paracetamol may be helpful in this regard.

In the first week, a patients activities should be limited to those concerned with everyday living. Strenuous activities involving the treated region should be avoided.

In weeks 2, 3 and 4 you are encouraged to gradually increase physical activities, preferably under the supervision of a physiotherapist who can create an individualised rehabilitation programme.

If after 4 weeks your pain has reduced but still persists, or if there has been no noticeable change, you may wish to discuss with your practitioner a second PRP injection. For some patients it is only after the second injection, they get a desirable response.

Please bring any previous imaging with you on the day of your examination. If you have any questions please don't hesitate to ask us!