

DID YOU KNOW ?

HOW MUCH DOES IT COST ?

\$380-500 per session, with two sessions 4 weeks apart. PRP injection undertaken in the operating room is slightly more.

WHO SHOULD CONSIDER PRP ?

Patients with moderate to severe osteoarthritis who have significant ongoing pain despite weight loss, physiotherapy and appropriate analgesia.

YOU CAN HAVE AS MANY PRP INJECTIONS AS YOU LIKE FOR OSTEOARTHRITIS ?

Because PRP is beneficial to the joint, there is no limit to the number of injections you can have. If the first series of injections helps, further injections usually also benefit the patient.

THE BEST TYPES OF PRP HAVE THE WHITE BLOOD CELLS REMOVED ?

Using a gel allows the white cells to be removed from the PRP, this causes less pain and improved outcomes

HOW LONG DOES IT TAKE ?

Usually 30- 40 minutes is all it takes.

CAN YOU DRIVE AFTER PRP INJECTIONS ?

Because it involves just a joint injection, most patients can drive after. However just make sure you are confident in safely driving the vehicle.

I HAVE "DIFFICULT TO FIND VEINS", IS THAT A PROBLEM ?

Sometimes it is hard to locate a vein to draw blood from. Before you come, drink lots of fluid and avoid caffeine.

DOES IT HURT ?

The local anesthetic usually stings on injection. Most patients feel slight discomfort on the needle entering the joint.

SHOULD I STOP ANTI-INFLAMATORIES PRIOR ?

There is no evidence currently that this is required.

WHO CAN'T HAVE PRP ?

Patients who suffer from platelet dysfunction conditions and thrombocytopenia are suggested to avoid PRP therapy. If unsure ask your GP. Patients who mainly suffer knee instability symptoms benefit more from

Platelet Rich Plasma (PRP) is a natural compound created from your own blood plasma that has been enriched with concentrated platelets.

These "platelets" are little packages of various growth factors (GFs) made by your body that help heal and repair damaged tissue. The GFs and other healing factors present in PRP include: platelet-derived GF Transforming GF Beta, Fibroblast GF, Insulin-like GF I & II, Vascular Endothelial GF Epidermal GF, Interleukin 8, Keratinocyte GF, Connective tissue GF.

Studies suggest that when PRP is injected into an arthritic knee, patients can expect improved pain and function for 6 - 12 months with 80% of patients experiencing significantly reduced pain & stiffness and improved function for 6-12 months. Hence if you suffer moderate pain, it will reduce to mild, mild to none and severe to moderate. The less severe the osteoarthritis, the longer the effect. Some patients will still have reduced pain for up to 2 years. When used in conjunction with a cartilage procedure, such as a marrow stimulation, it also improves the quality of the cartilage produced.

The procedure involves drawing two lots of blood from your arm that are placed into special Swiss-made glass ampoules containing a separating gel. The ampoules are spun in a centrifuge and the PRP is separated from the red blood cells by the gel. 6 mls of PRP is then removed from the ampoule. Local anesthetic is injected into the skin, near the kneecap and after a few minutes, the PRP is injected into your knee at the same site. For more details see www.prpclinic.com.au.

The benefits should be noticed about 4-8 weeks after the first injection. A second injection is usually recommended about 4 weeks later, with top-up injections depending on symptoms at 6, 12 or 24 months. The second injection is recommended to lengthen the period of pain relief. The use and clinical validation of PRP is still in the early stages, but recent randomised controlled trials of PRP versus Hyaluronate (otherwise known as "Synvisc"), showed greater improvement, especially in those with severe osteoarthritis. If used during surgery after marrow stimulation, PRP helps the new cartilage formation significantly and relieves pain after surgery.

Side Effects

Common adverse effects can include knee pain for 24-48 hours or swelling & bruising at either injection site. Most patients injection site will have varying degrees of discomfort the next day. Uncommon or rare adverse effects include dizziness, nausea or feeling generally unwell. Severe complications, such as infection are very rare. Pain after the injection is almost always inflammation - so only take antibiotics on the advice of an orthopaedic surgeon.

After Care

Keep the injection site clean and dry for 24 hours. After the injections, strenuous exercise is best avoided for 24 hours, as is excessive alcohol. If you develop knee pain the next day, rest ice & elevate the knee. Ice wrapped in a towel applied for 20 minute intervals avoids cold burns to the skin. If you suffer worsening knee pain and swelling after 48 hours post-injection, please seek medical advice from OSSM during office hours or an emergency centre after hours. Avoid suddenly increasing your activity as your knee starts to feel better, rather slowly increase activity over a few weeks.