

# Platelet Rich & Autologous Conditioned Plasma Injection

## What is Autologous or Platelet rich plasma?

The healing of injured or inflamed tissue involves a complex and carefully regulated series of natural processes within the body. Thrombocytes (platelets) play an important role in this process. When a muscle tears or skin is damaged, platelets travel to the area and at the site of injury, they start the clotting process to stop bleeding and release growth factors that initiate the beginning of healing of injured tissue and slow down inflammatory processes supporting the body's self-healing processes.

## Why are they used?

ACP therapy can be used into the joints of patients with painful mild to moderate osteoarthritis (grade I-III) and also into damaged tendons where tearing has occurred such as the Achilles, Patellar, rotator cuff or lateral elbow (Tennis elbow). There appears little benefit of ACP injection into muscle injuries following some large sports medicine studies. Although they can help settling inflammation or initiating natural body processes, they do not do this alone. All injections are accompanied by a comprehensive rehabilitation program of strength training which is at least as important as the injection.

## What happens after the injection?

We will teach you a specific rehabilitation program dependent on the site of the injection and your condition. In some cases, we will instruct you to wear a splint or brace for up to 14 days after the injection. In these cases, you may not be able to drive during that time and need crutches. Please ask your Consultant if

you are unsure. We usually ask you to rest for between 5 and 14 days after the procedure, although you are able to go to work and carry on life normally. It usually takes at least 10 days for the effect of the ACP to begin to work and we expect it to continue to continue to work for at least another 10 days.

You will be asked to remain in the clinic for thirty minutes following the injection to allow observation for possible adverse reactions.

## Potential side effects

The most serious possible side effect, is that of a joint or tendon infection. It is rare for this to occur and studies show a 1 in 25,000 chance. Warning signs include worsening pain and redness and swelling of the joint or skin. If your joint or tissue becomes more painful and hot you should see your doctor immediately, especially if you feel unwell. If concerned you should ALWAYS call our office or seek medical attention.

There is no steroid in the ACP, so other steroid-related side-effects such as weight gain, steroid flare, skin colour change and fat cell injury are not seen here. Rarely, an allergic reaction is possible, but this is a natural product from your body, and as such this is unlikely.

## Can I take other medicines along with the ACP?

Yes, you can take other medications alongside the corticosteroid injection. But we would ask you to avoid taking anti-inflammatory medication such as Ibuprofen or Difene for 14 days after the injection. Simple painkillers, such as paracetamol, may help.

If you are taking a blood-thinning drug, such as Warfarin, or NOAC medication you MUST highlight this to the team as you may be required to take a particular course of action before an injection. This is because of the risk of bleeding into the joint at the time of the injection.

## Will I need another injection?

Sometimes, we recommend additional injections, if you have had partial relief or in particular cases where your Consultant recommends it. There is currently no evidence to suggest any long term harm to tissues from having repeat injections of ACP.

## What does it cost?

If you have health insurance, your provider will usually cover the cost of the ultrasound guided injection. Some policies have a small excess and you should check with our support team or your insurer. There is a small fee to cover the nursing preparation of your blood sample which is not covered by your health fund. If you do not have health insurance or injection cover, we will discuss the fee with you.

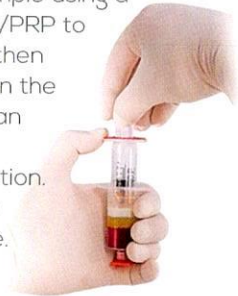






## What happens when I have a PRP or ACP injection?

Firstly, the Consultant in Sports and Exercise Medicine, who will be performing your injection, will discuss the procedure and explain the risks and benefits. If the procedure is right for you, then our nurse will first take a small blood sample using a special syringe which allows the ACP/PRP to be separated safely. The sample is then prepared using a centrifuge and then the Consultant will use an ultrasound scan identify the site specifically for the injection and use it to guide the injection. You remain in the consultation room while the nurse prepares the sample.



## Will it hurt?

These injections can be a bit uncomfortable, as at the time of the injection, we are not always able to use local anaesthetic. The anaesthetic interferes with the platelet's action, but most people find that they are not as bad as they initially feared and using the ultrasound probe to guide the injection minimises any discomfort. It is over in a few seconds. On occasion we do use local anaesthetic, and your Consultant will discuss this with you.



You may feel sore at the injection site for the next 2-4 days. For the first 24 hours, if needed, you may apply ice to the site for 10 minutes every hour to decrease pain, or take a pain killer such as Paracetamol.

## Risks and Side effects

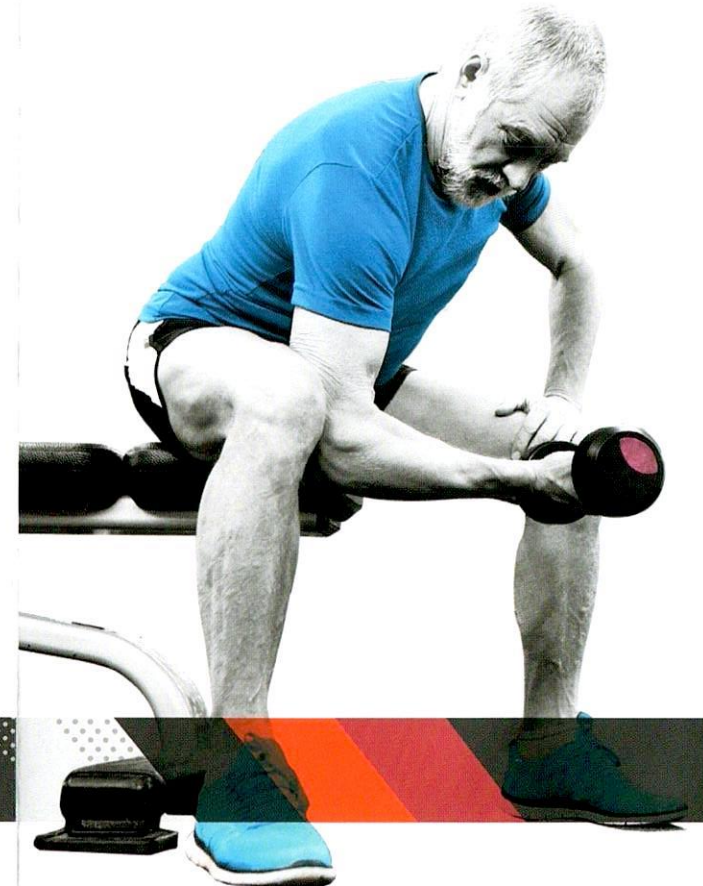
Below is a summary of the risks/side effects from having an ACP/PRP injection:

- Serious side effects are rare but can include:
- Joint and soft tissue infections.
- Anaphylaxis (allergic reaction)
- Injury or trauma to neurovascular structures during the injection procedure.

You will be asked to remain in the clinic for sixty minutes following the injection to allow observation for possible adverse reactions.

We will show you an exercise program either before the injection or after that we would like you to carry out starting 5 days post injection.

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