

## Platelet Rich Plasma - PRP

PRP is derived from the patients own blood.

Here the blood is taken (akin to blood test at pathology), and engineered by a centrifuge to separate and concentrate the platelets, which are then extracted under sterile conditions. The platelet concentration in PRP is 3-5 times above normal levels. This platelet rich plasma is then activated and injected using sterile technique into the site of injury. Usually 3-4 injections are required 2 weeks apart. The plasma has a high concentration of a variety of growth factors that induce healing of ligaments, tendons and relieve osteoarthritic joints.



## Conditions Treated

It is an effective treatment for damaged tendons, ligaments that fail to respond to conservative measures and osteoarthritis of knee, ankle and foot joints. A recent study compared a single PRP injection to a cortisone injection to treat chronic plantar fasciitis, which had shown to fail after 4 months of conservative treatment. It concluded, "PRP was more effective and durable than cortisone injection for the treatment of chronic recalcitrant cases of plantar fasciitis".<sup>[1]</sup>

For best outcome of these conditions it may be combined with a muscle strengthening program, prolotherapy, biomechanical adjustments (padding, orthotics).

## Patients not suitable for PRP

- patients with blood disorders/or cancer
- patients with metal implants at site
- patients with local infection at site
- patients allergic to local anaesthetic
- pregnancy or breast feeding

## Pre - PRP

- No antiinflammatories 2 days prior and during treatment
- no steroids/cortisones 4 weeks prior
- no fever /illness 2 weeks prior
- treatment effectiveness maybe reduced for patients whom can not stop taking blood thinners ( eg warfarin, aspirin, plavix, Iscover)
- 24 hrs prior to procedure drink 2-3 litres of water, avoid fatty foods
- prior and during treatment avoid alcohol, and eat healthy meals



## Risks

There is minimal risks with this procedure.

- No effect
- very low risk of infection
- blood vessel (bruise) or nerve damage from needle
- soreness from needle
- acute injection flare up or synovitis

## Post Treatment Info

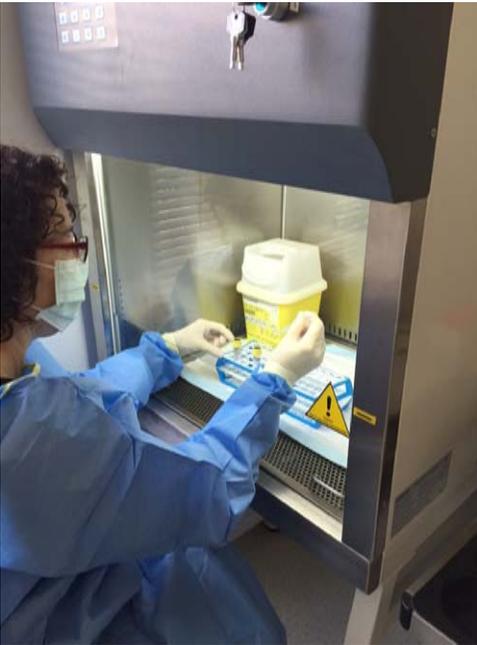
Use panadol and ice for pain control

- Avoid anti inflammatories during treatment and for 2 weeks after .
- Avoid swimming , spa and strenous exercise for couple days.

<sup>1</sup> Monto, Raymond Rocco. "Platelet - rich plasma efficacy versus corticosteroid injection treatment for chronic severe plantar fasciitis." *Foot and Ankle International* 35.4(2014):312-318

# Platelet Rich Fibrin - PRF

This a newly developed technique to accelerate wound healing. Platelet rich fibrin is similar to PRP, whereby the blood is taken and then spun in a centrifuge to separate the components. But, in PRF the the platelet rich plasma is harvested and then incubated to form a clot. This clot is applied to the ulcer and progressively releases growth factors for over 7 days. This initiates wound healing and tissue remodeling. It is ideal for Diabetic and / Ischaemic ulcers that fail traditional methods. The treatment is required on a weekly basis and may be incorporated with offloading paddings and/or orthotics.



Cheltenham Podiatry prides itself with continually providing the latest in proven therapies. Both Platelet Rich Plasma (PRP) and Platelet Rich Fibrin (PRF) therapy are recent developments in regenerative therapies. Our podiatrists have done Post Graduate training and certification in regenerative therapies and keep abreast of the latest developments in these areas.



*“Offering the latest in Biological Therapies”*



1231 Nepean Highway Highett, (Next to Westfield Southland)

Phone:  
**9583 3093**

web: [cheltenhampodiatry.com.au](http://cheltenhampodiatry.com.au)  
email: [cheltpodiatry@optusnet.com.au](mailto:cheltpodiatry@optusnet.com.au)

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**Platelet - Rich Plasma (PRP)**

*for Chronic Joint, Tendon and Ligament Pain*

**Platelet - Rich Fibrin (PRF)**

*for Ulcers*