



Vale Healthcare  
professional & personal



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Cardiff Bay Clinic, Celtic Gateway,  
Dunleavy Drive, Cardiff. CF11 0SN

[www.vale-healthcare.com](http://www.vale-healthcare.com)

## PATIENT INFORMATION LEAFLET

### **How many treatments & How often is this therapy?**

While responses to treatment vary, most people will require 1-3 injections. Each set of treatments is spaced approximately 4-6 weeks apart.

There is no limit to the number of treatments you can have, the risks and side effects do not change with the number of injections. However, if the 1<sup>st</sup> injection produces no benefit it is unlikely that a 2<sup>nd</sup> injection will help.

### **Follow Up**

Follow up is usually at 4-6 weeks with Dr Geoff Davies (or other consultant depending upon treatment plan).

At that time we will determine if a second injection is required. For most cases between 1-3 injections are required at 4 week intervals.

### **For further information:**

[www.vale-healthcare.com](http://www.vale-healthcare.com)

**Tel: 029 2083 6714**

**Dr Geoff Davies**

[sportsdoc@gfdavies.plus.com](mailto:sportsdoc@gfdavies.plus.com)

### **Patient Information:** **Platelet Rich Plasma (PRP)** **Injections**

In recent years there have been rapid developments in the use of growth factors for accelerated healing of injury.

PRP therapy offers a promising solution to accelerate healing of tendon injuries naturally without subjecting the patient to significant risk. PRP is an emerging treatment in a new health sector known as "Orthobiologics." The philosophy is to merge cutting edge technology with the body's natural ability to heal itself.

Blood is made of RBC (Red Blood Cells), WBC (White Blood Cells), Plasma, and Platelets. Platelets were initially known to be responsible for blood clotting. However, they are now known to release Growth Factors, which promote healing

processes. Growth factors are released from the platelets which are found in the blood stream and influence the biological processes necessary for repair of soft tissues such as tendon or ligament following acute traumatic or overuse injury.

Initially, autologous whole blood was injected to promote healing in damaged tissues. However, PRP injections provide a much higher concentration of growth factors which are required within the body to promote tissue healing.

PRP is blood plasma with concentrated platelets (the body's repairmen for damaged tissue). The concentrated platelets found in PRP contain huge reservoirs of bioactive proteins, including growth factors that are vital to initiate and accelerate tissue repair and regeneration.

These bioactive proteins initiate connective tissue healing & repair, promote development of new blood

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vessels, and stimulate the wound healing process.

### **What are tendons & Ligaments?**

Tendons connect muscles to the bone, making it possible for you to do many every day physical activities.

Overuse or damage to the tendon over a long period of time causes the collagen fibres in the tendons to form small tears, a condition called tendinosis. Damage to tendons most often occurs in the knee, ankle, shoulder, wrist, biceps, calf, and achilles tendons.

Ligaments are composed of collagen fibres that hold one bone to another, stabilizing the joint and controlling the range of motion. When a ligament is damaged, it is no longer able to provide support, weakening the joint.

Tendons and ligaments have poor blood supply. Combined with the stress of day-to-day activities, they do not easily heal from damage. As a result the tendons and ligaments become inefficient causing chronic pain and weakness. Medical intervention is now possible in a new way.

### **Is PRP right for me?**

If you have a tendon or ligament injury which has failed to respond to traditional conservative treatments, then PRP therapy may be the solution. The procedure is certainly safer, less aggressive, and less expensive than surgery. It should aid tissue healing with minimal or no scarring and alleviates further degeneration of the tissues.

Before any treatment, there would be an initial consultation with our Sports Physician, Dr Geoff Davies, to see if PRP therapy is right for you.

PRP is not a first line treatment for tendon & ligament injuries but should be considered where conservative rehabilitation has failed.

**This treatment can be used in elite athletes, provided a Declaration of Use is submitted by the athlete.**

### **How does this differ from steroid injection?**

Studies have shown that steroid injections may actually weaken tissue.

Steroid injections may provide a quick

fix for temporary relief and lessening of inflammation, but can potentially produce a tissue weakening effect. Consequently, they do not generally provide long term healing.

### **Conditions currently treated with PRP Injections include:**

- Plantar fasciitis
- Patella tendinosis
- Achilles tendinosis
- Any chronic tendinopathy or ligament injury
- Tennis elbow
- Golfers elbow

### **The Procedure**

After previous diagnostic imaging and a consultation with Dr Geoff Davies to check the suitability for PRP injections, a 10ml sample of blood is withdrawn from the patient's arm.

The blood is then placed in a centrifuge that spins the blood for approximately 5 minutes. This step removes the unwanted components of blood that are not primarily responsible for healing.

Once separated, the PRP (containing platelet cells & growth factors) is then ready to be injected back into the

patient at the site of chronic injury under ultrasound guidance.

The patient is taken downstairs to the ultrasound room where the area of injury is properly identified with the ultrasound scan. The injection is then performed with ultrasound guidance to ensure accurate placement of the PRP injection into the damaged area. No local anaesthetic is usually needed.

### **After the injection**

The patient rests afterwards for 5-10 minutes and is discharged home with post procedure instructions.

Increased pain at the site of injury may result for 48-72hrs post-injection. Rest of the affected tissue during this time is recommended.

Non-steroidal anti-inflammatory drugs (eg ibuprofen, diclofenac etc) are best avoided in the first 10 days following injection. Simple pain killers, rest & ice can be used for post-injection pain.

After 7-10 days patients can gently recommence their rehabilitation programme as this is thought to be essential to assist with tissue healing.