

Missoula Osteopathic Clinic, PLLC
 341 West Pine Street
 Missoula, MT 59802
 Phone (406) 327-0269 Fax (406) 327-0264

PLATELET-RICH INJECTION INFORMED CONSENT

WHAT IS PRF/PRP?

Platelet-Rich Fibrin (**PRF**) and Platelet-Rich Plasma (**PRP**) are both treatments in which we concentrate and extract the platelets and growth factors from your blood, then deliver them directly to damaged tissues, recruiting your body's regenerative mechanisms to actually rebuild them!

Fibrin: A protein your body normally uses to form scabs and heal wounds. In PRF, it is used to create a mesh on and inside the damaged tissues to hold the concentrated platelets and growth factors in place while your body regenerates those tissues.

Plasma: The liquid portion of your blood, which is used in PRP to wash and fill the damaged tissues with the concentrated platelets and growth factors.

The results from PRF and PRP are nearly identical, patient preparation is the same for both, and the cost is the same. We generally recommend PRF, but there are some cases in which we will recommend PRP.

HOW MANY TREATMENTS ARE NEEDED?

Response to treatment varies; most people require 1-3 appointments per joint area with 4-6 weeks between each. Improvement can be noticed in 3-4 weeks with the most noticeable results occurring after 3-6 months.

PRE-TREATMENT INSTRUCTIONS:

- *Hydration* - We cannot stress this enough. 2-3 days PRIOR to your treatment attempt to drink 80 oz of water a day. Hydration will help your provider identify & access damaged tissues better under ultrasound, make the blood draw faster & easier, and optimize platelet concentration.
 - *Comfortable Clothes* - Make sure to dress in clothing that allows the treatment area to be easily exposed.
 - *Time* - The entire appointment length will be anywhere from 1-2 hours.
 - *Driver* - You **WILL** need someone to drive you home after your first procedure. Depending on your response, you may need a driver every time.
 - *Medications* - **DO NOT** take Aspirin, Ibuprofen, Aleve, NSAIDS, allergy medicines (such as FloNase or Nasacort) and/or any oral/topical or inhaled steroids seven (7) days prior to treatment. Treatment may be delayed if taken within 7 days. Work with a physician to find effective substitutes for these medications as they contribute to the body degenerating.
- Herbs:* Many herbs that fight inflammation need to be avoided within 7 days of injections: turmeric, curcumin, willow, slippery elm, meadowsweet, are a few to note, but there are others. Please discuss all herbs you are taking with your physician.
- *Other* - **DO NOT** get vaccinated or donate blood/plasma within 6 weeks.

TREATMENT INSTRUCTIONS:

The appointment takes 1-2 hours. The first part of the procedure will entail the blood draw performed by our phlebotomist. The blood is then processed to separate the blood parts. After about 30 minutes, your blood will be ready for the procedure.

Medicines injected include (by treatment):

- **PRF: ropivacaine and patient's own blood products (PRF)**
- **PRP: ropivacaine, PRP, and anticoagulant (sodium citrate)**
(Ropivacaine is a local anesthetic related to novacaine)

POST-TREATMENT INSTRUCTIONS:

Soreness/Pain: The area treated with PRF/PRP may hurt or be tight immediately after treatment. Your pain will likely **increase** over the first 1-7 days. Some patients have an increase in pain for upwards of two weeks after treatment(s). Patients have reported more discomfort after PRF/PRP than other injections. Please call our office if you have any questions or concerns.

If any of the following occur, seek immediate medical attention. If you are unable to contact a physician, go to your nearest emergency room.

- Shortness of breath
- Hives (an itchy rash on your body) If any of the following occur, it could be a sign of infection and requires medical attention. Contact your physician or go to the nearest emergency room or urgent care.
- A fever of 101 degrees or higher
- Increasing redness at the site of injection
- Increased pain at the site of injection a few days after treatment
- Red streaks on the skin
- Pus discharge in area of injection

Bruising/Soreness: It is possible to notice bruising or swelling. This should peak around day 3-4 and decrease from there. If after 3-4 days, you notice any rapid increase in swelling, bruising, or pain, please call our office immediately.

Medications: Throughout the entire treatment process and through duration of your treatments (ideally 6 months) **DO NOT** use Aspirin, Ibuprofen, Aleve, NSAIDS, allergy medicines, oral/topical/inhaled steroids or any over the counter or prescription anti-inflammatory for at least two weeks or more if possible.

- **NO ICING-** We want the body to infiltrate the area with your natural healing response. Icing prevents flow to the treatment area.
- **NO HEATING-** The body optimizes a temperature to optimize healing. Avoid heating pads, hot soaks, and/or prolonged hot showers of the area for **AT LEAST FOUR DAYS**, preferably two weeks.

Activity: Based on the area being treated, and the severity of your condition, your provider will give you specific guidelines for activity. A lot of patients reduce their workload or take a few days off after injections to rest. The key is to listen to your body. If you feel fatigued or are in a lot of pain - **REST!!** Injected tissues are weaker & more prone to injury while recovering.

Follow these guidelines for activity after treatment. If you need a series of injections, you may find you can do more as you go, but take it slow to minimize pain.

1. Be aware of how you feel.
2. If feeling okay, do 5 minutes of activity, then wait 12 hours.
3. If not worse, do 10 minutes of activity, then wait 12 hours.
4. If not worse, do 20 minutes of activity, then wait 12 hours.
5. If not worse, do 40 minutes of activity.
6. Then, if okay, return to normal activity.
7. Avoid activity that may expose you to taking a hard hit to the hip, tailbone, or heels.
8. Go half the speed/distance the day of injection and 2 days following treatment to avoid treatment exacerbations.

*"Activity" means added exercise over and above taking it easy several days after the procedure. You will be up using the restroom, getting food and hydration. Beyond that is "activity," such as walking, running, yoga, stretching, and lifting light weights.

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NOTICE OF PRIVACY IN MEDICAL RESEARCH

We request your permission to study our therapeutic treatments. Medical research is essential for the advancement of healthcare as a whole and especially the development of alternative interventions, like the therapies provided in this treatment. At Missoula Osteopathic Clinic, your privacy is very important to us, and we will make every effort to protect it. This signature will represent the allowance of using non-identifiable data from your therapeutic treatment, including, but not limited to: general condition before/during/after treatment, treatment area, treatment methods, response to treatment, and results. Your name and contact information will not be disclosed. Your health information will be kept by your provider in Missoula Osteopathic Clinic's secure database. If information from this treatment is published or presented at scientific meetings, your name and other personal information will not be used.

Patient Signature

Date

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PRF/PRP facts to know:

- The cost of a 60 minute appointment is \$1200
- The cost of a 90 minute appointment is \$1800
- The cost of a 120 minute appointment is \$2400
- **PRF/PRP is NOT covered by insurance.**

Payment is required at your PRF appointment time.

Acceptable forms of payment include: cash, check, and all major credit cards.

- PRP requires multiple treatments. Your provider will discuss your treatment plan with you.
- Improvement is often not felt until after 4-6 weeks after initial treatment.
- You will be required to be monitored in our waiting area for fifteen (15) minutes post treatment for anesthetic effect.
- You are required to have a driver after your first procedure.

Platelet-Rich Fibrin/Plasma Injection (PRF/PRP) Acknowledgement of Financial Responsibility

I understand that therapeutic injections will NOT be billed to my insurance and I am responsible for payment at the time of treatment.

Patient Name (please print)

Patient Signature

Date

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Informed Consent Form

I, _____ have been advised and consulted about the injection techniques of

- ☐ Platelet-Rich Fibrin/Plasma injections
- ☐ Trigger Point Injections
- ☐ Nerve Hydrodissection
- ☐ Perineural Injection Treatment (PIT)
- ☐ Other: _____

I have been advised that the above listed procedure(s) is an established technique for regeneration of the ligaments. The technique requires the injection of:

- ☐ Local anesthetic (Ropivacaine or Lidocaine)
- ☐ An anticoagulant (sodium citrate)
- ☐ Dextrose
- ☐ Other: _____

I have been informed that the procedure has been used on thousands of patients and has been proved generally safe. This procedure MAY alter and decrease my pain complaints, but may not completely eradicate them. I have been informed that the alternatives to therapeutic injections are:

1. Do nothing.
2. Surgical intervention may be a possibility.
3. Injections with steroids may also be helpful, but not give lasting results.
4. Continued manipulation may be helpful.

I have been informed that the risks and complications of therapeutic injections are:

1. Immediate pain at the injection site.
2. Allergic reaction to the anesthetic.
3. Spinal cord injury during back injections.
4. Pneumothorax-air on the outside of the lung.
5. Infection at the injection site.
6. Injury to the nerves and muscles at the injection site.
7. Temporary or permanent nerve paralysis.
8. There may be no effect from the treatment.
9. Death from complications.

I have been informed that the risks of NO therapeutic injections are:

1. No relief of the pain.

2. Continued degeneration of the joints due to ligament laxity. I have been informed that PRF/PRP are injection techniques frequently used to help patients with long standing pain. These techniques require the injection of local anesthetics

I have been informed that the alternatives to therapeutic injections are:

1. Do nothing.
2. Chemical anesthesia, or strong drugs such as Codeine, Morphine or Demerol.

I have been informed that the risks of therapeutic injections are:

1. Allergic reactions to the local anesthetic.
2. Pain at the injection site.
3. Infection at the injection site.
4. Death from complications of the treatment.

I have been informed of the risks of not receiving the therapeutic injections is:

1. Continued pain and somatic dysfunction.

Signature of Patient (or Person with Authority to Consent for Patient)

Date: _____

Witness to Signature

Date: _____

Time: _____