

Platelet Injection



All stages



Works best in stage 3 & 4

What is it?

Injection of concentrated platelets from the patient's blood into the arthritic joint to stimulate cartilage growth.

You will need a series of injections for this to be effective.

This is a NICE approved procedure, but must be done under strict audit rules.



Benefits

Cartilage regrowth which slows down the progress of arthritis and relieves some symptoms (pain and stiffness).

Delays joint replacement surgery and has low complication rates.



Risks

Exacerbation of pain (14%), infection, redness, persistent swelling.

Dizziness, sweating or fainting at the time of the injection.

Overall, this is a low-risk procedure.



Mid cost



Worse for 2+ weeks



Minor



Minor



Minor



Minor



Minor



Minor



Minor

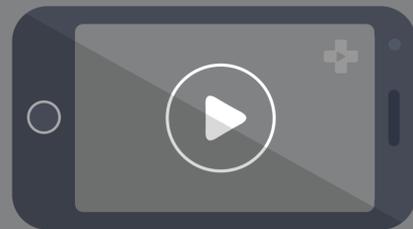


Minor



Minor

Limitations due to treatment



Video

What does it involve?

Injection of platelet-rich plasma (PRP) into the affected knee joint.

You will need a series of injections for this to be effective.

Whole blood is harvested from a patient (similar to a blood test). The volume is variable; between 10ml and 60ml.

This is then processed through a centrifuge to separate the blood into three components.

Some studies show that further separation, into leucocyte poor plasma, has improved benefits.

The PRP is then injected into the knee joint; a course of two or three injections may be necessary.

NICE supports this treatment, as long as it is done in keeping with good auditing and clinical governance in place.

Effort/burden

This is an outpatient procedure where your blood will be taken, processed and then injected into the affected joint as PRP preparation. This may take up to three hours to complete.

You may not be able to drive after the injection.

Repeated injections will be required.

You should still continue with other physical therapy methods.

It is recommended not to take anti-inflammatory tablets during the PRP treatment as inflammation is an essential part of healing damaged cartilage.

Benefits

Some studies show that these injections may decrease the pain in a select group of patients.

Some patients also report a decrease in the swelling.

In some patients, these injections may slow down joint wear. However, it is difficult to identify who will benefit from this.

This may delay the need for more invasive surgery.

Limitations and side effects

Knee pain may not completely diminish.

For some patients, pain may get worse after the injection. It is not possible to predict who will become worse after the injection.

Risks

Exacerbation of pain (14%), infection, redness, persistent swelling (which may take between two and four weeks to settle) are reported risks.

Some may develop dizziness, sweating or fainting at the time of the injection.

Overall, this is a low-risk procedure.

Cost

This is a low cost option for both patients and the NHS

Patient: Cost may vary depending on local arrangements. Some commissioning bodies do not authorise the use of these injections, so this may have to be done under a private setting. This can cost up to £250 per injection plus the additional cost of a private consultation.

NHS: £600 to £1500 per series of injections based on local arrangements and the type of harvest system used.

What if no treatment is done?

Ongoing pain.

Arthritis may deteriorate and affect your activities of daily living (ADL), family life, working environment and leisure activities.

If the condition progresses, you may require more complex and demanding procedures.

If your arthritis progresses significantly, no further treatment may be available.

You might regret not opting for treatment earlier.

References

<https://www.nice.org.uk/guidance/ipg491>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360094/>

