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## PLATELET-RICH PLASMA (PRP)

### Patient Information, Pre-Procedure Checklist & Recovery Instructions

Platelet-Rich Plasma (PRP) therapy uses a concentrated portion of **your own blood platelets** to support healing of joints, tendons, ligaments, or spine-related pain. Certain medications and supplements can interfere with platelet function and reduce the effectiveness of PRP.

Please read this information carefully.

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### MEDICATIONS TO STOP BEFORE PRP

#### Traditional (non-selective) anti-inflammatory medications

These medications interfere with platelet function and **must be stopped** unless your physician advises otherwise.

**Stop 7 days before your PRP procedure:**

- Ibuprofen (Advil®, Motrin®)
- Naproxen (Aleve®)
- Diclofenac (Voltaren® oral)
- Indomethacin
- Ketorolac (Toradol®)
- Etodolac
- Piroxicam

**Do not restart these medications for at least 7 days after PRP**, unless directed by your physician.

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## **Aspirin (acetylsalicylic acid)**

- Aspirin (ASA)
- Products containing aspirin

**Stop 7 days before PRP, unless aspirin is prescribed for heart or stroke prevention.**

If prescribed by a cardiologist or specialist, **do not stop without medical advice**. Please inform the clinic.

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## **Steroids**

Steroids can interfere with the body's healing response.

- Oral steroids (e.g., prednisone, dexamethasone)
- Recent steroid injections (joint, spine, or soft tissue)

**Avoid for 2–4 weeks before PRP**, unless otherwise directed by your physician.

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## **Supplements that may affect platelets**

**Stop 7 days before PRP:**

- Fish oil / omega-3
- Vitamin E (high dose)
- Turmeric / curcumin
- Ginger supplements
- Garlic supplements
- Ginkgo biloba
- Resveratrol
- Glucosamine / chondroitin

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## **MEDICATIONS YOU MAY CONTINUE**

### **COX-2-selective / preferential anti-inflammatory medications**

These medications **do not significantly affect platelet function and may be continued unless advised otherwise**:

- **Celecoxib (Celebrex®)**
- **Meloxicam**

## Pain control

- **Acetaminophen (Tylenol®)** is safe before and after PRP

## Other routine medications

- Blood pressure medications
- Thyroid medications
- Most antidepressant and anxiety medications
- Hormone replacement therapy and birth control
- Most diabetes medications (special instructions may apply)

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## Blood thinners

If you take blood thinners (e.g., warfarin, apixaban, rivaroxaban, dabigatran, clopidogrel), **do not stop them unless specifically instructed**. PRP can often still be performed with precautions.

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## DAY-OF-PROCEDURE CHECKLIST

- Take your usual medications unless told otherwise
- Wear comfortable clothing
- Arrive well hydrated
- Bring a list of medications and supplements
- Arrange transportation if sedation is planned

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## POST-PRP RECOVERY INSTRUCTIONS

### What to expect

- Temporary soreness, stiffness, or swelling is common
- Symptoms often peak at **24–72 hours**
- Improvement is **gradual**, typically over weeks to months

### Pain management

- **Use acetaminophen (Tylenol®) if needed**
- **Avoid traditional anti-inflammatory medications** unless directed
- Ice may be used for comfort during the first 24 hours if advised

## Activity

- Light activity is encouraged
- Avoid strenuous exercise or heavy lifting for **3–7 days**
- Follow any specific activity guidance provided for your treatment area

## Call the clinic urgently if you develop:

- Fever or chills
- Increasing redness, warmth, or swelling
- Severe or worsening pain
- Signs of infection

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## CONSENT & EVIDENCE NOTE (Brief)

PRP uses a patient's own blood and is considered a **regenerative treatment**. Research supports its use for certain musculoskeletal conditions, though **response varies between individuals**. Improvement is not guaranteed, and benefits may take time to develop. PRP is not a cortisone injection and works through a different biological mechanism.

By proceeding with PRP, you acknowledge understanding of the potential benefits, risks, alternatives, and current evidence base.

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