



# 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.

---

## 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.

---

## **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.

---

## **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.

---

## **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
- 

## **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)
- 

## 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.

---

## 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
- 
- 

## 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

---

## 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.

---

**Premier Pain Institute**

 [info@premierpain.ca](mailto:info@premierpain.ca)

 647-477-7050

---