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What to Expect: Platelet Rich Plasma (PRP) Injections

[What is PRP?](#)

- PRP is made from **your own blood**.
- The platelets are concentrated and injected into a joint or around a tendon.
- Platelets release growth factors that **promote healing and reduce pain**, rather than just suppress inflammation (like steroids).

[Conditions commonly treated](#)

Shoulder

- Rotator cuff tendinopathy or partial tears
- Biceps tendinopathy
- Glenohumeral arthritis (less predictable)

Hip

- Hip osteoarthritis
- Labral pathology (adjunctive)
- Tendinopathies around the hip

Knee

- Knee osteoarthritis
- Patellar tendinopathy
- Mild cartilage injury

Best results are typically seen in **mild–moderate disease** and in **tendon problems**, not advanced arthritis.

Before the injection

1–2 weeks prior

- **Avoid NSAIDs** (ibuprofen, naproxen, diclofenac, etc.)
 - They may blunt the platelet response.
 - Acetaminophen (Tylenol) is allowed.
- Tell your provider if you:
 - Take blood thinners
 - Have bleeding disorders or anemia
 - Are pregnant
- Stay **well hydrated** before your appointment.

During the procedure (20–40 minutes total)

Step 1: Blood draw

- Similar to routine lab work (usually 15–60 mL of blood).

Step 2: PRP preparation

- Blood is spun in a centrifuge to concentrate platelets.
- Final PRP volume is small (often 3–6 mL).

Step 3: Injection

- **Ultrasound guidance** is commonly used (especially for shoulder and hip).
- You may feel:
 - A needle pinch
 - Pressure or deep aching
- PRP injections often **do not include anesthetic in the target area**, because numbing medicine may interfere with platelet function.
 - This makes PRP **more uncomfortable** than steroid or HA injections.

Immediately after

- Expect **soreness, stiffness, or a deep ache**.
- Pain can be **more intense than with steroid injections**.
- You can usually go home right away.

First 1–7 days (important difference vs steroids)

- **Inflammatory flare is expected** — this is part of the healing response.
- Pain may **worsen before it improves**, especially days 2–5.
- Swelling or stiffness is common.

Activity

- **Relative rest** for the first few days.
- Avoid:
 - Heavy lifting
 - High-impact activity
 - Aggressive stretching
- Gentle range of motion is usually encouraged.

Pain control

- **Ice** is often avoided or limited early (some providers allow brief use).
- Use **acetaminophen** if needed.
- Continue to **avoid NSAIDs for 7–14 days after** unless told otherwise.

When improvement begins

- **Early phase (2–4 weeks):** Gradual symptom improvement may start.
- **Peak benefit:** Often **6–12 weeks**.
- **Duration of benefit:**
 - Can last **6–12 months or longer**, depending on condition and severity.

PRP works **slowly**, unlike steroids, but may offer longer-lasting benefit.

Number of injections

- There's no universal standard.

Joint-specific expectations

Shoulder

- Post-injection soreness can limit sleep temporarily.
- Gradual improvement in pain and function over weeks.
- Works best for **tendinopathy**, less reliably for arthritis.

Hip

- Injection itself may feel deeper or more uncomfortable.
- Soreness in groin or buttock common for several days.
- Often requires **ultrasound guidance**.

Knee

- Swelling and stiffness common early.
- Activity modification important the first 1–2 weeks.
- One of the **most studied joints for PRP** in arthritis.

Risks and side effects

Common

- Pain flare
- Swelling
- Stiffness

Uncommon

- Bruising
- Infection (very rare)
- No risk of allergic reaction (it's your own blood)

How to get the most benefit

- Follow post-injection **activity and medication restrictions carefully**.
- Start or resume **physical therapy** at the recommended time (often 1–2 weeks after).
- Have realistic expectations: PRP **improves symptoms and function**, but does not reverse advanced arthritis.

Cost & coverage

- **PRP is not covered by insurance.**
- Call and ask about the cost