Women's Health & Healing Center

PLATELET RICH PLASMA (PRP) INFORMED CONSENT

I _____ have been advised and consulted about the injection technique of plate rich plasma.

I have been advised that platelet rich plasma is an established treatment technique used to tighten and strengthen weak and damaged ligaments and tendons which are believed to cause pain and instability. It is also used to decrease pain and improve function in some forms of arthritis. The technique requires the injection of Platelet Rich Plasma derived from my own blood according to standard blood collection and injection techniques. The site of injection is where the ligament or tendon attaches to the bone, at the joint capsule, or inside the joint.

I have been informed that the procedure has been used on many patients and has been proven safe. The procedure may initially increase the painful area or reproduce symptoms for one to three days (and occasionally, as long as ten days), and then may decrease in intensity, but may not completely eliminate my symptoms. I understand that some insurance companies have determined this treatment to be experimental due to the lack of large research studies in the scientific literature.

I understand the benefits of the procedure are improved or resolved pain and improved function.

I have been informed that the alternatives to PRP are:

- Do nothing
- Surgical intervention may be a possibility
- Injection with steroids (not long lasting results)
- Manipulation may provide temporary pain relief
- Acupuncture

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

- Immediate pain at the injection site
- Stiffness in the injected joint
- Bruising
- Allergic reaction
- Infection
- Nerve or muscle injury
- Nausea/vomiting
- Dizziness or fainting
- Swelling after joint injections
- Bleeding
- Temporary blood sugar increase
- Itching at injection site

I have been informed that the risks of not having treatment are:

- No relief of pain
- Continued instability of the damaged joint or ligament and probable worsening of pain.

I HAVE READ (OR HAVE HAD READ TO ME) THE ABOVE CONSENT. DR. CHERYL HAMILTON HAS EXPLAINED THE PROCEDURE(S) TO ME SO THAT I FULLY UNDERSTAND IT (THEM). NO GUARANTEE OF SUCCESSFUL TREATMENT HAS BEEN IMPLIED. I UNDERSTAND THAT I AM ENTITLED TO A COPY OF THIS CONSENT FORM UPON REQUEST. I understand that this procedure is usually not covered by insurance and I am responsible for the total charges.

_____	_____	_____
Patient Signature	Parent or Legal Guardian	Date
_____	_____	_____
Witness	Doctor	Date