Platelets Rich Plasma Therapy (PRP) Informed Consent

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You have a problem that has not been relieved by routine treatments. A procedure, specifically a platelet rich plasma (PRP) injection is now indicated for further treatment of your pain. There is no guarantee that this procedure will cure your pain, and in rare cases, it could become worse, even when the procedure is performed in a technically perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary.

Your physician will explain the details of the procedure listed below. Tell the physicians if you are taking any blood thinners such as Plavix, Aspirin, Coumadin, Lovenox and Heparin as these can cause excessive bleeding and a procedure should not be performed.

Alternatives to the procedure include medications, physical therapy, acupuncture, surgery, etc. Benefits include increased likelihood of correct diagnosis and or of decrease or elimination of pain.

Platelet-rich plasma is a fraction of your blood which contains a high concentration of platelets. These are known to contain large quantities of growth factors which attract stem cells and stimulate the healing of damaged tissues. Clinical work over the last several years has established the safety and usefulness of platelet‑rich plasma (PRP) for tissue repair and healing in joints resulting in reduced pain and improved function for many who have had this procedure. 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, promote healing, and improve function. The technique requires the injection of platelet-rich plasma derived from your own blood. The sight of the injection is where the ligament or tendon attaches to the bone, at the joint capsule or inside the joint.

An extensive discussion was conducted of the natural history of the disease and the variety of surgical and non-surgical treatment options available to the patient. A risk/benefit analysis was discussed with the patients reviewing the advantages and disadvantages of intervention at this time. A full explanation was given of the nature and the purpose of the procedures and anesthesia, its benefits, possible alternative methods of treatment, the risks involved, the possibility of complications, the foreseeable consequences of the procedures and the possible results of non-treatment.

No guarantee or assurance was made, as to the results that may be obtained from the procedure/treatment. Specifically, the risks were identified including but are not limited to the following:

· Increased pain and allergic reaction from local anesthetics, iodine, materials containing latex, IV anesthetics and/or other medications

· Infection of skin, tissue, bones, joints, discs, nerves, ligaments, possibly blood stream (Sepsis), may require hospitalization

· Nerve damage, tissue injury, tissue damage, temporary and permanent numbness and/or weakness, paralysis, spinal cord injury, urinary and/or fecal incontinence

· Joint injection: In addition to the above complications, injection and fluid collection in the joint(s) may require antibiotic treatment, fluid aspiration and surgical interventions.

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The incidence of serious complications listed above requiring treatment is low, but it may still occur. Your physician believes the benefits of the procedure outweigh its risks or it would not have been offered to you, and it is your decision and right to accept or decline to have the procedure done. I have read or had read to me the above information. I understand there are risks involved with this procedure, to include rare complications, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to this procedure which is performed by Dr M Kathryn Schaefer

I hereby authorize this procedure. I also understand that one of the greatest risks involved with pain management procedures involves various medications taken, allergies and my general medical condition. I will inform the doctor of any blood thinning medication taken or any changes in other medications, allergies or medical conditions prior to any procedure.

Patient Name (Print)	Patient Signature	Date

Doctor Signature	Date	Witness Signature	Date