

## **Platelet Rich Plasma (PRP) Informed Consent**

Platelet Rich Plasma, also known as PRP is an injection treatment whereby a person's own blood is used. A fraction of blood (20-30cc) is drawn from the patient into a syringe. The blood is spun down in a special centrifuge to separate its components (red blood cells, platelet rich plasma, platelet poor plasma and buffy coat). The platelet rich plasma and buffy coat is first separated and then activated with a small amount of calcium chloride which acts as an activation agent and scaffold to keep the PRP where the injector intends to treat. Platelets are very small cells in your blood that are involved in the clotting and healing process. When PRP is injected into the damaged area it causes a mild inflammation that triggers the healing cascade. As the platelets organize in the clot they release a number of enzymes to promote healing and tissue response including attracting stem cells and growth factors to repair the damaged area. As a result, new collagen begins to develop. When treating injured or damaged tissue they can induce a remodeling of the tissue to a healthier and younger state. The full procedure takes approximately 45 minutes to an hour. Generally, 1-3 treatments are advised, however, more may be necessary for some individuals. Touch up treatments may be done once a year after the initial group of treatments to boost or maintain the results.

**PRP's SAFETY** has been established for over 20 years for its wound healing properties and its proven effectiveness has been extended across multiple medical specialties including cardiovascular surgery, orthopedics, sports medicine, podiatry, ENT, neurosurgery, dental and maxillofacial surgery (dental implants and sinus elevations), urology, dermatology (chronic wound healing), and ophthalmology, cosmetic surgery, PRP's emergence into aesthetics and skin rejuvenation began in 2004 in Europe, Asia, Australia and South America in countries such as The United Kingdom, Japan, Spain, Portugal, Switzerland and Argentina to name a few. Areas typically treated for aesthetic purposes and skin rejuvenation include: crinkling skin around the eyes, cheeks and mid-face, neck, jaw-line, chest and décolletage, back of hands and arms, lips, and to stimulate hair growth on scalp. Almost all skin tones show that PRP is safe and effective because your own enriched plasma is used.

**BENEFITS of PRP:** Along with the benefit of using your own tissue therefore eliminating allergies, there is the added intrigue of mobilizing your own stem cells for your benefit. PRP has been shown to have overall rejuvenating effects on the skin and regenerating effects on other tissues. Other benefits include minimal down time, safe with minimal risk, short recovery time, and natural results. No general anesthetic is required.

**CONTRADICTIONS:** PRP is safe for most individuals between the ages of 18-80. There are very few contradictions, however, patients with the following conditions are not candidates:

1. Acute and chronic infections
2. Skin diseases (ie: SLE, porphyria, allergies)
3. Cancer
4. Chemotherapy treatments
5. Severe metabolic and systemic disorders
6. Abdominal platelet function (blood disorders, ie: hemodynamic instability, hypofibrinogenemia, critical thrombocytopenia)
7. Chronic liver pathology
8. Anticoagulation therapy
9. Underlying sepsis
10. Systemic use of corticosteroids within two weeks of the procedure, steroid injection in the joint within 6 weeks
11. Pregnancy and breastfeeding

**RISKS and COMPLICATIONS:** Some of the potential side effects of PRP include:

1. Pain at the injection site
2. Bleeding, bruising and/or infection as with any type of injection
3. Short lasting pinkness/redness (flushing) of the skin
4. Allergic reaction to the solution
5. Injury to a nerve and/or muscle as with any type of injection
6. Itching at the injection site
7. Nausea/vomiting
8. Dizziness or fainting
9. Temporary blood sugar increase
10. Swelling
11. Minimal effect from the treatment

**ALTERNATIVES to PRP:** Alternatives to elective PRP treatments are:

1. Do Nothing
2. Surgical intervention may be a possibility
3. Injections with neurotoxins
4. Injections of dermal filling agents
5. Laser and light-based treatments like pulsed light
6. Chemical peels

**RESULTS:** Results are generally noticed at 6 weeks and continue to improve gradually over ensuing months (3-6). I understand that due to the natural variation in each person's own PRP, results will vary between individuals. I understand that although I may see a change after my first treatment, I may require multiple sessions to obtain my desired outcome. It is recommended that once treatment goals are accomplished, an annual PRP procedure is likely necessary to maintain results.

**PHOTOGRAPHS:**For FACIAL PRP only, I authorize the taking of clinical photographs and their use for scientific and educational publications and presentations. I understand my identity will be protected.

**CONSENT:** My consent and authorization for the elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to the physician/practitioner to perform platelet rich plasma (PRP) injections to area(s) discussed during our consultation, for the purpose of rejuvenation and regeneration of affected tissues. I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a copy of them. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand this procedure is elective and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this office such as but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

I hereby give my voluntary consent to this PRP procedure and release **Spencer Wellness Centre**, its medical staff and technicians from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns. I agree that if I should have any questions or concerns regarding my treatment and/or results I will notify this office and/or provider immediately so that timely follow-up and intervention can be provided.

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Patient Name	Patient Signature	Date

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Provider Name	Provider Signature	Date