

Alpha-2-Macroglobulin FAQs

1. 8-15ml will be enough of the final injectate for bilateral knees or hips (in many cases).
2. No potential side effects.
3. A2M takes 3 weeks to 3 months to start working/for patients to notice - same as PRP.
4. Often repeated every 9-15 months. Patients may wish to hold off until/if pain returns.
5. The entire prep should be as expeditious as possible. Blood out, A2M in.
Will take about 35 minutes from draw to injection (10m for centrifuge, 20m for pump, 2m for aspiration) if seamlessly executed.
You can, conceivably, process everything and then have a delay before the final injection, but the sooner the better. It's a good idea, though, to not have any significant delays during processing.
7. Inflammatory components are further filtered out through the pump resulting in a 6x concentration of A2M - specifically designed to stop the progression of cartilage breakdown.
8. Do not use anti-inflammatories 1-2 weeks before and 1-2 weeks after an A2M treatment.
9. There is no issue with HA and A2M.
10. For a meniscus tear bad enough for surgery A2M may be a consideration after the repair.
11. The anti-inflammatory effect of A2M lasts, on average, from 12 to 18 months; possibly indefinitely if arthritis is caught early on. Every patient will be different, but A2M does tend to trigger the body's natural healing response.
12. For the spine we do have clients who are injecting in the disc as well as in the facets.
13. A2M should not be mixed with other treatments. Wait 30 days before adding another type of biologic treatment. A2M followed by 3x of PRP is a common option.
14. A2M treatment should be 6 weeks or more following a steroid injection.
15. Low molecular weight Heparin can be used as an anticoagulant for A2M procedures (in the same 7ml/tube ratio as when using ACD-A or Sodium Citrate), but do stick with ACD-A or Sodium Citrate for PRP.
16. In the waste will be albumin, growth factors, cytokines and water.
17. A2M cleans the site of protease enzymes which would otherwise inhibit effective PRP treatment. You'll tend to achieve superior results when injecting A2M first, allowing the protease enzyme entrapment to occur and then inject PRP (2 to 4 weeks later) for optimal outcomes. The A2M will continue to work following PRP injection(s).
18. CAREstream was the first to introduce A2M.
19. Dr. Scuderi discovered that the A2M molecule is very sensitive to pressure and force. The peristaltic pump ensures gentle and continuous pressure. A 500kDa filter is used to remove cells under that size (to include protease enzymes).
20. For a small joint you will draw the same 114ml of blood, but run through the pump twice; for a concentration that will be greater than 6x (with less volume). During the 2nd pump cycle stop the pump if you start to see bubbles.
21. Some will inject 1ml on the far side, back out the needle injecting 2ml in the middle and then 1ml on the near side. You might then, upon further backing out, inject 2ml into the epidural space.
22. 5-10ml is the typical volume for a knee. 2-3ml is typical for a hip. 5-7ml for a shoulder.