

Platelet-Rich Plasma (PRP) Injections

Patient information from Mendip Hand Clinic

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This leaflet explains what a platelet-rich plasma injection is, what the evidence for it currently shows, and what to expect if you have one. It is designed to support, not replace, your conversation with Miss Edwards.

Written by Miss Alison Edwards, Consultant Hand Surgeon. Published: September 2026.
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What it is

Platelet-rich plasma, usually shortened to PRP, is made from your own blood.

A small amount of blood is taken from your arm and spun in a centrifuge. This separates out the platelets — the blood cells involved in clotting and repair — and concentrates them. Platelets carry growth factors, the signalling molecules that direct healing. The concentrate is then injected into the area being treated, with the aim of stimulating repair in a tendon that has not healed on its own.

Because it comes from your own blood, there is no foreign material and no risk of an allergic reaction to the injection itself.

What it is used for at this clinic

PRP is offered here for persistent tendon problems around the elbow and hand — most commonly tennis elbow — where other treatments have not given enough relief.

PRP is also used elsewhere for larger joints and other tendons. Those are outside the scope of this clinic and this leaflet; if you are considering PRP for a knee, hip or shoulder, that is a discussion to have with the specialist treating that joint.

How well does it work?

This is where an honest answer matters more than an encouraging one.

PRP is promising and unproven. Some trials report that it gives better results than a steroid injection in the longer term. Others find no advantage over a placebo injection. The trials are not easily compared with one another, because preparation methods, platelet concentrations, injection techniques and follow-up periods all differ between them.

What that means for you. PRP is a reasonable option to consider when the better-established treatments have not worked, particularly given that it uses your own blood and carries few risks. It cannot be presented as a treatment that reliably works, and you should not choose it in preference to something with better evidence — for tendon problems, that means a properly conducted, sustained programme of exercise-based rehabilitation.

It is worth being clear about the cost of that uncertainty. PRP is not available on the NHS, it is not always covered by private medical insurance, and it costs more than the

alternatives. You may pay for a treatment that does not help you. That is true of many treatments, but it is more likely here than with an established one.

Referral and consent

You can be referred by your GP or physiotherapist, or you can refer yourself. The treatment and its risks will be explained to you before you decide, and you can change your mind at any point.

What happens on the day

1. **Blood collection.** A small amount of blood is taken from your arm, as for a routine blood test.
2. **Preparation.** The blood is spun in a centrifuge to separate and concentrate the platelets. This takes a few minutes.
3. **Injection.** The concentrated plasma is injected into the area being treated. This can be uncomfortable for a short time.

You can go home straight afterwards. Arrange for somebody to drive you if the injected arm is your driving arm and you are unsure how it will feel.

Risks and considerations

PRP injections are generally considered safe. Possible problems include:

- **Infection.** As with any injection, there is a small risk.
- **Bleeding or bruising** at the injection site.
- **A flare of pain** in the days after the injection, before any improvement. This is common and settles.
- **Nerve injury.** Rare.
- **No improvement.** Not everyone gets the result they hoped for — see the section on evidence above.

Afterwards

Rest. Avoid strenuous activity for 24 to 48 hours.

Ice. Apply an ice pack wrapped in a cloth to reduce swelling and discomfort.

Painkillers. Paracetamol is fine. **Avoid ibuprofen and other anti-inflammatory medicines (NSAIDs) for the first 48 hours**, and preferably for two weeks, because they may work against the healing response the injection is intended to stimulate. If you are not sure whether one of your medicines is an NSAID, check with your pharmacist.

Protect the site from strong sunlight while it settles.

Follow-up. You will be seen again to assess how you have responded and to decide whether anything further is needed. PRP is not usually a single event — it works alongside a rehabilitation programme, and the exercises matter as much as the injection.

When to contact us

- Significant swelling, redness or warmth at the injection site
- A fever, or any unusual symptoms

- Pain that is worsening rather than settling after the first few days

Contact details

Mendip Hand Clinic, Practice Plus Group Hospital, Old Wells Road, Shepton Mallet, Somerset BA4 4LP. Bookings: 0330 818 8981.

If you think anything in this leaflet is unclear or needs updating, please tell us using the contact details above.

A final note

This leaflet is general information and does not replace individual advice. Your own options and expected results should be discussed personally with Miss Edwards, in line with GMC guidance on decision making and consent.