

PRP: aftercare

Recovery, rehabilitation and urgent warning signs

Follow your individual discharge plan

The injection site, diagnosis and any tendon needling change recovery advice. The treating clinician's written instructions take priority over this general guide.

On the day

- Arrange transport if advised. Do not drive if anaesthetic effects, pain, weakness or restricted movement prevent safe control of the vehicle; check your clinician's instructions and insurer requirements.
- Keep the dressing clean and dry for the period advised. A small bruise or temporary soreness can occur.
- Avoid repeatedly testing the treated area or strenuous activity on the day. Follow the agreed plan for walking, loading and any crutches or brace.
- Use only the pain relief agreed with your clinician. Paracetamol may be an option if it is safe for you.

Medicines

Do not independently stop or restart prescribed aspirin, anticoagulants, antiplatelet drugs or anti-inflammatory medicines. Clinics use different PRP protocols and evidence does not establish a single stop interval for everyone. Ask the treating and prescribing clinicians for your exact plan.

Activity and rehabilitation

A short period of relative rest may be recommended, followed by progressive exercise. Tendon treatment often needs a different loading programme from a joint injection. Your plan should specify when to start exercises, how much discomfort is acceptable and when to return to running, sport or heavy work.

Complete immobilisation is not a universal PRP requirement. Conversely, feeling better after an anaesthetic is not evidence that the tendon or joint can immediately tolerate heavy loading.

Review the result

Agree a follow-up date. Record symptoms and one practical goal, such as walking distance or a daily activity. If there is no worthwhile improvement, review the diagnosis and other options rather than assuming another injection is needed.

PRP: aftercare | continued

Recovery, rehabilitation and urgent warning signs

Seek urgent assessment

Contact the treating service promptly or use NHS 111 / urgent care if you develop severe or increasing pain, a hot swollen joint, spreading redness, discharge, fever, new persistent numbness or weakness, or an inability to bear weight that is worse than expected. Do not assume these are a normal post-injection flare.

Call 999 for an emergency

Breathing difficulty, facial or throat swelling, collapse, chest pain or sudden marked breathlessness need emergency help. Sudden chest symptoms after a painful swollen calf may indicate a clot.

Your discharge plan - clinician completed

Treatment date / injection site and side	
Dressing / bathing instructions	
Medication and pain-relief plan	
Walking / loading / brace or crutches	
Exercises and physiotherapy start	
Driving / work / sport advice	
Follow-up date and agreed outcome measure	
Treating service / urgent contact / opening hours	

Contact

For routine practice enquiries: 07427 297799. This is not an emergency service. Use the treating hospital's discharge contact for post-procedure concerns; outside its hours, use NHS 111 or urgent care.

Evidence and further reading

1. Royal National Orthopaedic Hospital: A patient's guide to PRP blood injection. Page updated 20 November 2025.
2. NICE HTG497: Platelet-rich plasma injections for knee osteoarthritis. 23 January 2019 (formerly IPG637).
3. NICE HTG299: Autologous blood injection for tendinopathy. 23 January 2013 (formerly IPG438).

Links checked 10 October 2026. This material synthesises the sources; local protocols may differ.