

PRP: risks and benefits

A personalised decision aid

A decision aid, not a numerical score

The balance depends on your diagnosis, symptoms, alternatives and personal priorities. There is no validated universal PRP benefit calculator. Ask your clinician to apply the evidence to your case.

Possible benefits and their limits

Possible benefit	What limits confidence
Less pain and improved activity	Response varies; some people do not improve. An improvement after an injection does not by itself show a PRP-specific effect.
An option after persistent symptoms	It still needs an accurate diagnosis and an appropriate rehabilitation programme. An injection does not correct instability, deformity or advanced joint destruction.
Uses your own blood	This avoids a donor blood product, but does not remove infection, bleeding or reaction risks from needles and added substances.
May reduce reliance on other treatment in a responder	No assurance that medicines, repeat injections or surgery will be avoided.

Risks to weigh

Issue	Practical meaning
Pain or flare	Symptoms may worsen temporarily and affect work or exercise. Persistent or escalating pain needs review.
Bleeding / bruising	Usually local; the risk is affected by medicines and blood disorders.
Infection	Uncommon but potentially serious, particularly in a joint; may need antibiotics or surgery.
Needle or medicine complications	Injury to nearby structures or allergy to an added drug or preparation is possible.
No benefit / further treatment	Financial cost, time, inconvenience and delayed access to a more useful option should be considered.

When suitability needs closer discussion

Active infection or an infected injection site normally requires postponement. Blood/platelet disorders, significant bleeding risk, immune suppression, pregnancy and important medical illness need individual consideration. These are discussion prompts, not an automatic online eligibility list.

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Evidence questions worth asking

- What studies directly support PRP for my diagnosis and body part?
- How does the 2026 ACR strong recommendation against PRP for knee/hip arthritis, based on low-certainty evidence, affect my decision?
- For ankle arthritis or Achilles tendinopathy, how does the evidence showing no superiority to placebo or sham affect the recommendation?
- How will relevant NICE special arrangements be met? These procedural arrangements do not endorse treatment efficacy.
- What benefit is realistic, over what time, and what happens if there is no useful improvement?
- What will the complete episode cost, including imaging, rehabilitation and review?

Individual benefit-risk discussion

Diagnosis and other treatments already tried	
Benefit most important to the patient	
Evidence applicable to this indication	
Individual risks and ways to reduce them	
Reasonable alternatives / preferred option	
Baseline pain and one functional goal	
Review date and definition of useful improvement	

Agree a stopping and review plan

Do not continue repeat injections automatically. Reassess the diagnosis and alternatives if the agreed goal is not met. A scan change is not a substitute for a meaningful improvement in symptoms and daily life.

Evidence and further reading

1. NICE HTG497: Platelet-rich plasma injections for knee osteoarthritis. 23 January 2019 (formerly IPG637).
 2. ACR: 2026 update of recommendations for knee, hip and hand osteoarthritis - guideline summary. Approved 8 September 2026; posted 14 September 2026; full journal manuscript pending.
 3. NICE HTG299: Autologous blood injection for tendinopathy. 23 January 2013 (formerly IPG438).
 4. Bennell et al. RESTORE: PRP versus placebo for knee osteoarthritis. *JAMA*. 23 November 2021.
 5. Paget et al. PRP versus placebo for ankle osteoarthritis. *JAMA*. 26 October 2021.
 6. Kearney et al. PRP versus sham for chronic midportion Achilles tendinopathy. *JAMA*. 13 July 2021.
 7. Peerbooms et al. PRP versus corticosteroid for plantar fasciitis. *American Journal of Sports Medicine*. 2019.
- Links checked 10 October 2026. This material synthesises the sources; local protocols may differ.