

PRP - a personal view Philip Turner



Philip Turner is a Consultant at Stepping Hill Hospital, Stockport. He was BOA President from 2018 to 2019 and was elected to Council of the Royal College of Surgeons of Edinburgh in 2019. He was the founding Chair of the Greater Manchester Orthopaedic Alliance (GMOA) and is co-Chair of the Greater Manchester recovery CRG.

With age comes scepticism. I have seen so many ‘game changing’ theories and treatments that when subjected to science and experience just don’t stand up. This was the starting point in my experience of PRP.

In November 2020 I was enjoying a much needed fitness programme until my personal trainer persuaded me to sprint as fast as I could up a steep hill whilst dragging a weight behind me. I felt a tearing sensation in both my Achilles tendons without much pain. The next morning I could hardly walk and getting down stairs was close to impossible. Self-examination suggested bilateral partial tears.

I started with the usual RICE and anti-inflammatory gel, heel wedges and orthotics, stretching as per the best web-based evidence and then physiotherapy input. We agreed on

the diagnosis and a rehabilitation programme but after four months things were no better. The tendons were thick and tender. I couldn’t stand on tip-toe because of pain and the stretches seemed to make it worse. Comments on my gait varied from concern to hilarity and I could not keep up with my colleagues when walking down the corridor let alone return to my beloved High Peak hiking.

At this stage, MR scanning and ultra-sound confirmed multiple clefts in both tendons and thickened hyper-vascular paratenon. Having read around the options and discussed them with a sports physician, I almost reluctantly opted for PRP.

The procedure was straightforward. Blood was obtained via a worryingly wide bore needle and spun down followed by separation of the platelet layer. Local anaesthetic and then the PRP was injected via multiple punctures under ultra-sound control with minimal discomfort and total fascination as I watched the fluid spread into the tendon. The procedure was done on a Friday so I didn’t take any time off and I only required a couple of paracetamol tablets. Two weeks in a boot and four weeks of remobilisation was followed by the same process on the opposite side, when the scan showed clear evidence of obliteration of the clefts on the first side. Two more months of expert rehabilitation followed, supervised by someone more used to managing Olympic athletes.

What is the outcome? I have now completely recovered. I can run 10K and walk in the hills with no problems and my VO₂ max has gone back from a low of 32 to well into the 40s. Was it the PRP, the rest in a boot or the rehabilitation programme? Was it just the passage of time? The objective evidence on the scan and the rapid improvement after intervention has persuaded me that at least for my tendon injury the PRP did have a significant impact. ■



Hiking with the family in the Dark Peak.