



PRAIRIE

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Information on your Prolotherapy Injection

What is prolotherapy?

Prolotherapy is a therapeutic injection that consists of a mixture of 2 substances. The first is a local anesthetic – i.e. “freezing” (usually 1% lidocaine, 0.5% ropivacaine, or 0.25% bupivacaine). Its effects may last anywhere from one to a few hours. The second substance is dextrose, which is a sugar-water solution.

How does prolotherapy work?

Prolotherapy works in two ways: first, dextrose causes inflammation in an area, which promotes the body’s natural healing response to strengthen existing tissue and growing newer, healthier tissue. It is very important to undergo the appropriate rehabilitation and exercise, otherwise the effects of prolotherapy will be significantly lessened. Second, dextrose also lessens pain by causing a scarring effect to the pain-generating small blood vessels and nerves around an injury.

Ideally the injection will alleviate your symptoms permanently, although sometimes its effects are temporary, and it is possible the injection may not help at all. If there is a partial effect of the injection, we may consider repeating the injection in the future. The effects of prolotherapy can begin to be felt 2 weeks after the injection, but could take up to 6 weeks or so. The injection is quite safe, but there are a few small risks (see second page). Please notify whoever is performing the injection of any allergies you may have **prior to the injection**. Note that a vasovagal (fainting) episode from the injection is quite rare, however you should ensure you eat breakfast/lunch prior to the injection to minimize this risk.

Is prolotherapy covered by Saskatchewan Health Benefits?

Prolotherapy injections are not covered by Saskatchewan Health Benefits but may be covered by some private insurance plans. The cost of these injections can be found on our website (<https://prairieorthopaedics.com/injections>). Payment in full must be made at the registration desk on the day of your appointment. Payment is by credit card or debit only.

What you need to know before your prolotherapy injection:

- Avoid all corticosteroids (cortisone/steroids, oral and injected) and non-steroidal anti-inflammatory drugs (NSAIDS) such as Advil/Motrin/ibuprofen, Aleve/naproxen, Celebrex, Aspirin, etc. for 7 days prior to injection.
- You may be instructed to stop blood thinners by your doctor. Make sure to get specific instructions based on the medication you are taking and the reason you are taking it.
- Take your other medication regularly as prescribed, including on the day of your injection.
- Drink plenty of non-caffeinated fluids in the 24 hours leading up to your appointment to hydrate.

- Be sure to eat a regular meal with fluids before your appointment.
- Although it is not essential, we highly recommend that you make arrangements to get a ride home after your injection
- Be prepared for an appointment that may take up to 1 hour.

What will happen during your prolotherapy injection?

- You may be asked to change into a hospital gown and asked about your medications and allergies.
- The area to be injected will be cleansed with a disinfectant. An ultrasound machine may be used to assist with the injection.
- Using a syringe and needle, the doctor will inject the prolotherapy.
- Once the injection is completed a dressing will be applied.

What to know after your prolotherapy injection:

- You may experience some increased soreness or worsening pain over the week following your injection. This is normal and should get better as the inflammation subsides. You may need to take it easy for a few days and reduce putting strain on the affected structure or limb. Avoid using a cold compress for post-injection pain. Increased circulation and inflammation in the affected area is necessary for optimal healing to occur. However, if absolutely necessary, use cold for 20 minutes at a time for several times over the day.
- Please discuss any necessary activity or work restrictions with your doctor and request a doctor's note if needed.
- Do not take any anti-inflammatories (Advil/ibuprofen, Aleve/naproxen, etc.); use Tylenol/acetaminophen if necessary.
- Be sure to restart your blood thinners on the day after the injection if you've been instructed to stop them.
- Physiotherapy: Please discuss with your doctor if you should be going for physiotherapy and any specific instructions for your physiotherapist. Your physiotherapy treatment may need to be modified or put on hold after having a prolotherapy injection.
- Remove the injection site dressing the day following your injection. Do not soak your injection site in baths, lakes, pools, or hot tubs for at least 48 hours.

What are the risks of a prolotherapy injection?

The injection is quite safe, but there are a few small risks, including (but not limited to):

- **Pain, Swelling, Stiffness.** It is normal to have a bit of pain, swelling, or stiffness within the first 1-3 days after an injection, due to the injection itself.
- **Infection.** This is a concern with any injection. It is characterized by increased pain/swelling/redness/warmth of the injection site, fevers (temperature > 37.8°C) and/or chills, and generally feeling unwell. This can be very serious, particularly in joints, and could require an operation to wash out the infection in your joint as well as a period of intravenous antibiotics. It could also permanently damage the joint or tendon. Fortunately, it is rare, only occurring in (roughly) 1 in 10,000 injections. Please notify our office or present to the nearest Hospital/Emergency Department urgently for assessment if you think you have developed an infection. Note that an infection will generally (although not always) present 3-10 days after the injection, while an inflammatory response or pain/stiffness/swelling due to the injection itself will occur within the first 24-48 hours.
- **Weakening or rupture of tendons.** There may be short-term weakening of a tendon following injection due to penetration of the tendon by the needle. Avoid heavy lifting or intense activities within 1-2 weeks of an injection, when the risk of tendon rupture is greatest.
- **Other Risks:** allergic reaction, injury to nerves/arteries/veins, temporary increase in blood sugars, and vasovagal/fainting episode.

If you have any questions or concerns, please contact our office.