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### Percutaneous Tenotomy:

**What is the procedure?** This is an in-office procedure where a patient is injected with local anesthetic (numbing medication) and a needle tip is then used to gently poke holes into tendons. This process is intended to break down scar tissue, cause bleeding in the tendon, and invoke the body's natural healing process to start healing the damaged tissue. It is generally used to treat chronic tendonitis or tendinopathy. The physician will usually use an ultrasound machine during the procedure in order to see the needle to ensure accuracy and safety.

**Is this procedure covered by insurance?** Yes, in almost all cases.

**Will it hurt during the procedure?** In most cases, it will not hurt very much during the procedure because the doctor will give you enough local anesthetic. However, there are some body parts that can still be very sensitive and each patient is different in how they tolerate the procedure.

**Will it hurt after the procedure?** In most cases, YES. After the numbing medication wears off (1-2 hours), the tissue that has been worked on will usually be VERY sore. Although not typical, it can be so sore that some patients will not want to use that body part or will sometimes requires braces, splints, crutches, canes, or walkers to help with function afterwards. Therefore, we recommend planning the procedure during a time that you will have at least a few days to recover.

**How long will the pain last after the procedure?** The acute "flare-up" of pain or increased pain usually lasts 3-7 days after the procedure, but can rarely last for up to a month in some patients. There is a large amount of variability between patients and some patients hardly have any pain after the procedure.

**What can I take for pain control afterwards?** Your doctor will discuss this with you prior to the procedure and provide any appropriate prescriptions. Ice is generally recommended after the procedure. Anti-inflammatories such as Advil, Motrin, Ibuprofen, Aleve, Naproxen, or Celebrex are DISCOURAGED for 1 week before the procedure and 1 month after the procedure.

**How successful is the procedure?** The success of the procedure depends on many variables and your particular condition. Although viewed as a good treatment option for multiple conditions, it is not 100% universally successful and your doctor will discuss variables that may affect your individual case.

**Are there any restrictions afterwards?** The only usual restriction given is to avoid soaking the body part in bathtubs, pools, Jacuzzis, etc. for at least 24 hours after the procedure. In most instances, there are no other restrictions given and patients are actually ENCOURAGED to use the treated body part as normally as possible. In some cases, the physician may recommend protecting the area in a brace or refraining from specific activities for up to 1 or 2 weeks, but there is usually no significant "down time" that would absolutely require patients to be off of work or refrain from usual activities of daily living.

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### Needle Lavage and Aspiration Procedures:

**How is this different than the above Percutaneous Tenotomy procedure?** For the most part, it is very similar. The major difference is that it is usually performed on tissue that has identifiable calcium deposits in it. This may require a more “aggressive” procedure to be performed and may require more fluid such as saline to be injected into the tissue to “wash out” the calcium deposits. The physician may also inject cortisone like medications in the area afterwards in order to prevent a severe flare of pain that your body can have after calcium is “released” into surrounding tissue. Expected recovery is usually about the same. Anti-inflammatory medications ARE usually permitted afterwards (in contrast to above procedure).

### Platelet Rich Plasma Injections:

**How is this procedure performed?** Platelet Rich Plasma injections, or PRP, is performed in the office. The patient’s own blood is drawn and then “spun down” or centrifuged. This is done in order to concentrate the nutrient rich portions of the blood that are most involved in the healing process down to a small amount that will then be injected back into the damaged or injured tissue. This is usually performed under ultrasound guidance to ensure accuracy of delivery and safety.

**How is this procedure thought to work?** The platelet rich plasma releases the patient’s own healing substances into the damaged tissue that will trigger the body to begin to heal the tissue in the best way possible.

**Are there any additives or chemicals in the PRP that are injected back into my body?** The only additive is a tiny amount of a chemical that will prevent the blood from clotting too quickly.

**Is this procedure covered by insurance?** In most cases, NO. A patient may always submit charges to their insurance carrier and ask to be reimbursed for either part or all of the expense, but most insurance carriers will not cover this procedure and the CORE Institute is not able to submit charges on the patient’s behalf.

**Why is this not covered by insurance?** This is a complicated answer. The most simple explanation is that it is still viewed as largely “experimental”, even though there have been some very good high quality clinical studies supporting its use. Although still in the “experimental” stages, studies regarding its use have been published in the highest quality medical journals and many believe this should be considered a “mainstream treatment” - and in fact - the treatment of choice for some conditions.

**Are there different ways to perform this procedure?** Yes. There is tremendous variation in how this treatment is performed by various healthcare practitioners. This is one reason why insurance companies struggle with whether or not they should pay for this treatment.

**Will it hurt during the procedure?** In most cases, YES. It is thought that only a small amount of anesthetic or numbing medicine should be used in order to achieve the best results. Therefore, most patients feel a fair amount of pain during the procedure (usually lasting about 30-60 seconds during the injection) and then have significant discomfort for about 5 minutes immediately after the procedure.

**Will it hurt after the procedure?** In most cases, YES. The tissue that has been worked on will usually be VERY sore for a short period of time (usually 3-5 days). Although not typical, it can be so sore that some patients will not want to use that body part or will sometimes requires braces, splints, crutches, canes, or walkers to help with function afterwards. Therefore, we recommend planning the procedure during a time that you will have at least a few days to recover.

**How long will the pain last after the procedure?** The acute “flare-up” of pain or increased pain usually lasts 3-5 days after the procedure, but can rarely last for up to a month or so in some patients. There is a large amount of variability between patients and some patients hardly have any pain after the procedure.

**What can I take for pain control afterwards?** Your doctor will discuss this with you prior to the procedure and provide any appropriate prescriptions. Ice is generally recommended after the procedure. Anti-inflammatories such as Advil, Motrin, Ibuprofen, Aleve, Naproxen, or Celebrex are DISCOURAGED for 1 week before the procedure and 1 month after the procedure.

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### Questions

The CORE Institute is dedicated to your outcome. If any questions or concerns arise, please call The CORE Institute at 1.866.974.2673.