

PRP FOR ERECTILE DYSFUNCTION

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R3 Seminar

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- Co-Owner/Physician of Optimal Medical Group, Inc. in Fresno, California
- BHRT, Wellness, Fitness Assessment, Medical Weight Loss, Hair Restoration, Laser Therapy and Regenerative Therapy
- Sexual Dysfunction a large part of our practice
- www.omgfitnessmd.com



OBJECTIVES

- Recognize need for variety of treatment options
- Identify who is a candidate for PRP for Erectile Dysfunction
- Review Evaluation of Patient
- Review PRP Procedure
- Review Post Procedure follow up and treatment

CANDIDATES FOR PRP

- Erectile dysfunction due to:
 - Medication
 - Diabetes
 - Peripheral vascular disease
- Prostatectomy patients probably not good candidates
- **Avoid in patients with low Plts or on Anticoagulants (Plavix)
 - Check for petechiae or bruises

INITIAL EVALUATION

- Thorough medical history
- Erectile dysfunction scale
- Medications used
- Expectations
- Schedule PRP with or without Extracellular Matrix or Exosomes

Name:	DOB:		DOS:		
	Almost Never or Never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
How often were you able to get an erection during sexual activity?	1	2	3	4	5
When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	1	2	3	4	5
When you attempted intercourse, how often were you able to penetrate (enter) your partner?	1	2	3	4	5
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	1	2	3	4	5
	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
During sexual intercourse, how difficult was it maintain your erection to completion of intercourse?	1	2	3	4	5

WHY PRP FOR ED?

- PRP delivers platelets which deliver growth factors and chemotactic factors to the vasculature once activated
 - Decrease damage caused by inflammation
 - Stimulate stem cells to help regenerate erectile tissues
 - Attract other stem cells to help regenerate
 - Can help correct penile curvature from Peyronie's Disease

ADDITION OF EXTRACELLULAR MATRIX TO PRP

- Extracellular Matrix products enhance the PRP even further by improving outcome
- Decrease the number of procedures required
- Improved patient satisfaction

DOUBLE SPIN PRP PROCESSING

- PRP Definition: volume of autologous plasma that has platelet concentration above baseline depending on patient's own blood cell count (nl 150k-450k per mcL)
- Therapeutic PRP: minimum platelet count of 1 billion platelets per mL to achieve results
 - Research supports 5X normal platelet is ideal
 - The higher the platelet count the more Stem Cells migrate and proliferate
- Most common reason for variable results
- Double spin increases concentration PLUS helps eliminate neutrophils from the PRP which can be counterproductive

PRP PROCEDURE

- Prepare PRP according to instructions from double spin kit (Pure Spin)
 - Add ECM just before injecting subcutaneously
- Achieve best anesthesia possible
 - BLT Cream (20%/10%/10%)
- Wipe off BLT after 20 min and wipe with alcohol
- Place chux or fenestrated drape around penis

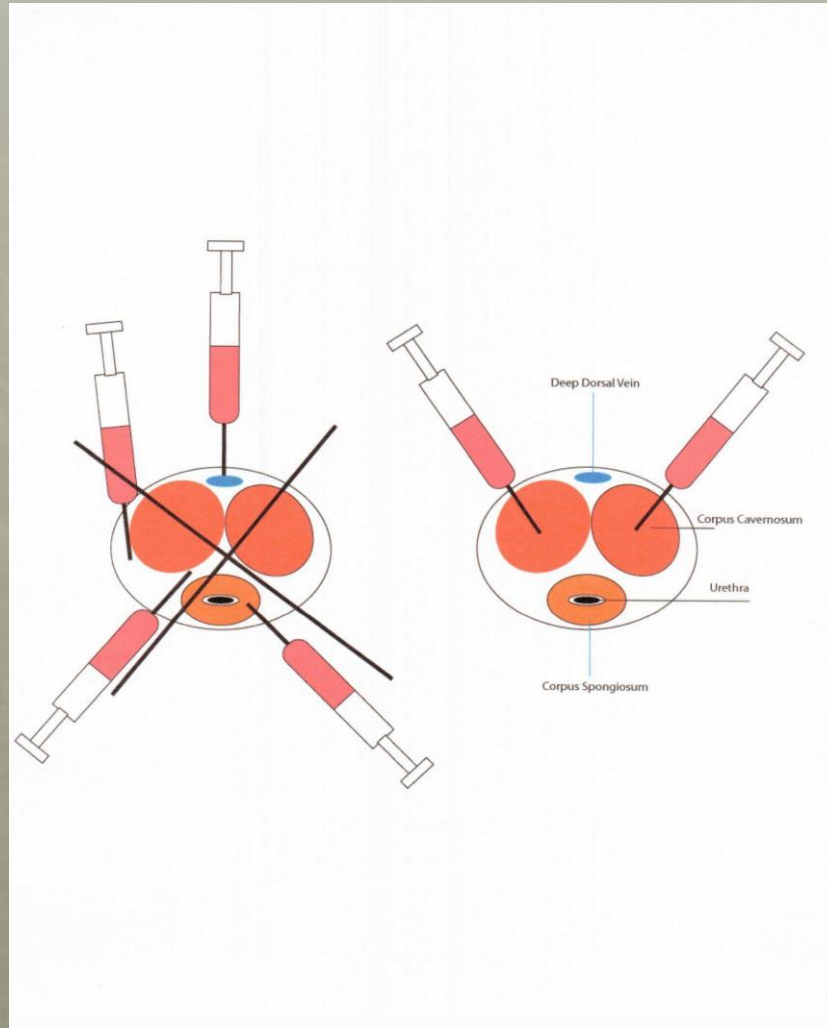
PRP CONTINUED

- Prepare 4 syringes with 1.5mL PRP with 0.25mL Calcium Chloride or ECM
- Inject at 10 o'clock and 2 o'clock at 45 degree angle at 1/3 and 2/3 from base of penis
- Inject 2mL into the edge of the glans (corona)

P SHOT VIDEO



WHERE NOT TO INJECT



POST PROCEDURE

- Final spray with antimicrobial spray and remove any traces of blood from patient
- Instruct patient to use penile vacuum pump or consider shockwave therapy
- Review post procedure care
 - Avoid fish oil, NSAIDs for 2 weeks
 - Acetaminophen is ok
 - Intercourse considered safe after a few hours

THANK YOU!

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- R3 Stem Cell