Accelerate





PREPARATION TECHNIQUE

PREPARATION (CIRCULATING NURSE)

Aseptically transfer the PRP aspirating kit and applicator kit into the sterile field. If possible, this should be completed before the patient is in the room.

BLOOD DRAW (ANAESTHESIA PERSONNEL)

Step 1: Draw 8mL of anticoagulant into 60mL syringe.

Step 2: Attach and prime the apheresis needle with ACD-A.

Step 3: Draw 52mL of blood, filling the syringe to 60mL (52mL of blood and 8mL ACD-A). Gently mix the blood and anticoagulant.

PRP PROCESSING (CIRCULATING NURSE)

Step 1: Transfer the 60mL of blood and ACD-A into the blood separating tube. Fill the counterbalance with equivalent volume of water.

Step 2: Place both tubes in the centrifuge buckets at opposite ends of the rotor.

Step 3: Set the centrifuge to 2400 rpm, 12 minutes and 0 brake. Start the centrifuge (*Figure A*).

Step 4: Once the centrifuge has stopped, mount the blood separator tube on the IV pole (*Figure B*).

PRP AND PPP SYRINGE ASPIRATION IN THE STERILE FIELD (SCRUB PERSONNEL)

Step 1: Connect one end of the extension line to the three-way valve assembly (the other two ends are connected to a 60mL syringe and 12mL syringe) (*Figure C*).

Step 2: Connect the other end of the extension line from the sterile field to the blood separating tube.

Step 3: With the stopcock valve closed to the 12mL syringe, SLOWLY draw plasma into the 60mL syringe. This will draw down the aspiration disc inside the blood tube. Slow down when the aspiration disc meets the plasma/RBC interface. A red tint will enter the extension line. Stop when the red tint is about three-fourths into the line.

PRP SYRINGE

Step 4: With the stopcock valve closed to the 60mL syringe, SLOWLY draw 6mL of PRP into the 12mL syringe.

PPP SYRINGE

Step 5: Remove the PRP syringe and replace with an empty 12mL syringe.

Figure A



Figure B

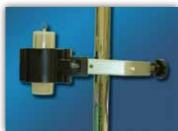


Figure C



Figure D



Figure E



Figure F



Figure G



Figure H



Figure I

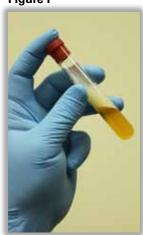


Figure J



Figure K



Figure L



Figure M



Step 6: With the stopcock valve closed to the extension line, aspirate 10mL of plasma into the syringe. This is the PPP syringe (*Figure E*).

MAKE AUTOLOGOUS THROMBIN

Step 1: Collect 5cc of platelet-poor plasma (PPP).

Step 2: Collect 0.2cc of 10% CaCl,

Note: 10% concentration = 100mg of CaCl₂/mL) (Figure F).

Step 3: Transfer the 5cc of PPP to a glass tube (*Figure G*).

Step 4: Transfer the 0.2cc of 10% $CaCl_2$ to a glass tube (*Figure H*).

Step 5: Agitate vigorously by shaking and Invert the glass tube 5 times (*Figure I*).

Step 6: Incubate the mixture at room temperature for 20 minutes or until a clot forms (*Figure J*).

Step 7: Transfer the PPP clot to a collection cup (*Figure K*).

Step 8: Collect 2cc of the supernatant as the autologous thrombin (*Figure L*).

Step 9: Transfer 2cc of autologous thrombin into the sterile field.

PRP APPLICATOR ASSEMBLY

(SCRUB PERSONNEL)

Combine 6cc of PRP with 1cc of autologous thrombin with a spray kit. After attaching the PRP syringe to the spray tip, pull the plunger back to the 10cc mark (introduce 4cc of air).

Mount the dispensing tips to the end of the PRP syringe and thrombin syringe. Attach the assembly into the holder (*Figure M*).

PPP APPLICATOR ASSEMBLY

(SCRUB PERSONNEL)

Aspirate 1mL of the calcified thrombin into the other 1cc syringe.

Mount the dispensing tips to the end of the PPP syringe and thrombin syringe. Attach the assembly into the holder.

SPRAY THE PRP AND PPP (WITH AUTOLOGOUS THROMBIN) ONTO SITE.

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