

Frequently Asked Questions

What is Autologous?

Autologous is derived from an organism's tissue or DNA. When "Autologous" is stated, we mean the bodies "own" produced matter. Autologous represents something taken personally from an individual.

What is Autologous Platelet Grafting™

The process begins by collecting blood from the patient. A special machine processes the patient's blood. The machine separates the blood and produces platelet-rich plasma from which a platelet tissue graft will be created. We mix the platelet rich plasma ("PRP") concentrate with proprietary ratios and formulation of reagents that transforms the mixture into a semi-solid graft. Once the wound has been examined and prepared by the physician, the graft is applied directly to the receptive wound bed, becoming a living, autologous graft. After the graft has been applied to the wound, it is then sealed with an occlusive dressing for 5 to 7 days.

What can I treat with this process?

This process may be used in treating a wide variety of wounds and/or tissue defects including: diabetic foot ulcers, venous stasis ulcers, surgical dehiscence, trauma, spider bites, and burns. It also may be used to augment bony union following an orthopedic type procedure such as a fusion between two bones. This procedure can be and has been used on wounds that have exposed tendon and bone. We have also observed (based on recent procedures) Autologous Platelet Grafting™ to be beneficial on neurosurgery, ob-gyn, oral maxillo facial, orthopedics, plastic and cosmetic surgery, as well as other surgical procedures where acute bleeding or fluid discharge may be prevalent.

What shouldn't I treat with this process?

The full potential scope of this process has not yet been determined. It has been used in treating ischemic ulcers with varying degrees of success. TcPO2 and ankle-brachial indices have not yet been determined. As with any ischemic ulceration, the patient should be considered for referral to a vascular surgeon for potential re-vascularization.

This process is meant for treatment of non-infected tissue. Infection must be resolved before treatment. Keep in mind that you will be sealing the wound for 5-7 days using this process. The platelet tissue graft does contain WBCs, which have bacteriostatic properties. This is no guarantee against infection, but it is interesting to note that when this process has been used on non-infected wounds we are not aware of any infections arising from this procedure itself.

What patients are appropriate for this procedure?

Approach this procedure like any other surgical procedure. The patient needs a complete evaluation including a proper History and Physical examination. Pay particular attention to their cardiac status. Disease states such as previous myocardial infarction, CHF, heart disease, coronary artery disease, angina, hypotension, renal dialysis, etc. must be considered and evaluated. The patient's family doctor, cardiologist, or other treating physician should be consulted to obtain medical clearance. Keep in mind that you will be removing up to 450cc of blood (1 unit) and that this can adversely affect hemodynamics. Unused blood can be returned to the patient if necessary.

A CBC is ordered prior to the procedure and if nutritional status is questionable, an albumin level needs to be ordered as well. The minimum weight of the patient should be at least 110 lbs. Many of the patients we have treated have some degree of anemia. If the hemoglobin, hematocrit, and/or platelet levels are below your reference laboratory normal values, then the appropriate attending physician should be consulted. We do not recommend going below the bare minimum values which are a hemoglobin of 10 g/dL, a hematocrit 30%, and a platelet count of 100,000. Blood glucose levels are not required and we have seen excellent results in patients even when glucose levels are greater than 400mg/dl. Patients must have adequate IV access and this should be determined before scheduling a patient for the procedure. Veins distal to the antecubital fossa (below the elbow) are generally not satisfactory to sustain the blood draw.

How often can I repeat the grafting procedure?

Autologous Platelet Grafting™ (“APG”) is a physician directed procedure and has no suggested cycle. The primary purpose or indication is to jump start the closure or healing process of a stagnated, chronic wound. Depending on the wound response and condition, the graft procedure may be repeated if the physician deems a subsequent treatment to be appropriate. Keep in mind that the body has to replace the blood taken from it. The attending physician should be consulted as needed.

How can I get more information about SafeBlood Technologies™?

For more information about SafeBlood® Technologies, Inc. please contact us at 1-800-854-4855 or check out our website at www.safebloodtech.com.