

# National Institute for Health and Clinical Excellence

## IP1027 – Autologous blood injection for plantar fasciitis

### Consultation Comments table

IPAC date: 8 November 2012

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments
1	Consultee 1 Specialist Adviser	1	Should not be offered as first line treatment	Thank you for your comment.  A statement will be added to section 2.5
2	Consultee 2 Royal College of Physicians	1	We believe that more research is needed before routinely recommending this treatment.	Thank you for your comment. Section 1.3 states that NICE encourages further research.
3	Consultee 2 Royal College of Physicians	1	Further studies should also look into the science behind these injections. Do they lead to healing or regeneration of damaged connective tissue?	Thank you for your comment.  The Committee considered this comment but decided not to change the guidance.
4	Consultee 1 Specialist Adviser	2.1	agree	Thank you for your comment.

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5	Consultee 1 Specialist Adviser	<b>2.2</b>	As dry needling can be used as a treatment in its own right any studies or outcomes need to take this into account as it may be this and not the blood injections that is efficacious.	Thank you for your comment. Some data comparing autologous blood injection against peppering alone is summarised in section 2.3 of the guidance.
6	Consultee 2 Royal College of Physicians	<b>2.2</b>	The concept of using autologous blood products is attractive. This is because the injection of possible growth factors at the site of the pathology theoretically may lead to regeneration of the damaged connective tissue. This provides a convincing story for the patient and therefore the placebo potential is high. This effect is enhanced further if the injection is done under image-guidance.	Thank you for your comment.  Section 2.5 of the guidance notes that plantar fasciitis is normally a self-limiting condition which introduces some uncertainty about the relative effect of interventions in the published studies.
7	Consultee 1 Specialist Adviser	<b>2.3</b>	Little hard evidence for its use at present	Thank you for your comment.

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8	Consultee 2 Royal College of Physicians	2.3	Plantar fasciitis is a self limiting condition and will often resolve spontaneously over an 18 month period. This may explain why two different injection techniques and a dry needling technique have similar outcomes in the RCT's quoted and may be no more effective than doing nothing, ie If these injections are given about a year after the onset of symptoms then success rate is likely to be high.	Thank you for your comment.  Section 2.5 of the guidance notes that plantar fasciitis is normally a self-limiting condition which introduces some uncertainty about the relative effect of interventions in the published studies.
9	Consultee 2 Royal College of Physicians	2.3	All the techniques quoted in the RCT's are invasive. They may be no more effective than doing nothing or providing early morning stretches which have been shown to be effective. Therefore further studies should have a non-invasive arm – doing nothing and/or providing the subject with early morning stretches.	Thank you for your comment.  Section 1.3 of the guidance states that NICE encourages further research comparing autologous blood injection (with or without techniques to produce platelet-rich plasma) against established treatments for managing plantar fasciitis.  'Established treatments' could include conservative treatments listed in section 2.1.2 of the guidance.
10	Consultee 1 Specialist Adviser	2.4	agree	Thank you for your comment.

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11	Consultee 2 Royal College of Physicians	<b>2.4</b>	Invasive techniques have a greater potential for side effects compared to non-invasive techniques. The risks associated with injection of autologous blood products are limited but include the risk of rupture, which is a recognised complication with a steroid injection.	Thank you for your comment.  Section 2.4.3 of the guidance lists rupture of the plantar fascia as a theoretical adverse event.
12	Consultee 1 Specialist Adviser	<b>2.5</b>	no further comment	Thank you for your comment.
13	Consultee 2 Royal College of Physicians	<b>General</b>	These injections may be an important addition in the range of therapies we have available for managing soft tissue disorders. Alternatively, they may be a way of buying time while the natural history of the condition leads to the resolution of the symptoms.	Thank you for your comment.
14	Consultee 2 Royal College of Physicians	<b>General</b>	Over several decades doctors have proposed a large range of products for injection into soft tissue disorders and injuries. These have included Corticosteroids, Sclerosants, Actovegan, Traumeel and, most recently, stem cells. Most of these have very limited science behind them and are usually supported by observational studies or, at best, poor quality RCT's.	Thank you for your comment.

