



Dr Myles R J
Coolican

Patellofemoral Joint Reconstruction

Information for Patients

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Introduction

Reconstructive surgery to the patellofemoral joint is usually carried out to control recurrent subluxation or dislocation of the patella or to correct maltracking of the patellofemoral joint associated with patellofemoral osteoarthritis.

Surgery usually includes knee arthroscopy, medial transfer of the tibial tubercle (the bony lump below the knee where the patella tendon attaches), release of the lateral stabilizing structures which tether the patella and depending on findings, occasionally advance or reconstruction of the medial patellofemoral ligament.

Hospital

You will be admitted to hospital the day of surgery and the leg will be washed, shaved if necessary and prepped with an antiseptic solution and wrapped in a sterile towel.

You will meet the anaesthetist prior to surgery who will discuss your past medical and anaesthetic history. Surgery is almost always carried out under general anaesthetic. The associated diagram provides details of the nature of the surgery. In broad principle, the tibial tubercle is transferred medially and screwed into position. The amount that the tubercle is transferred depends on intraoperative findings as well as pre-operative investigations. Surgery may also include release of the lateral retinacular and advance or reconstruction of the medial patellofemoral ligament.

After surgery, local anaesthetic and Morphine is injected into the wound to reduce postoperative pain. A drain may be utilised to remove excess blood from the surgical site and a bulky dressing is applied along with a brace with the hinges locked in full extension.

The day after surgery, the drain if utilised is removed and the hinges set to allow a range of motion from 0° to 30° of bend. The physiotherapist will then teach you to walk with crutches. You may rest your foot on the ground and take as much weight as you like through the knee provided it is in full extension. A check x-ray is obtained.

Progress

A follow up appointment is usually made by Dr Coolican's secretary two weeks after surgery. If this appointment has not been arranged prior to booking surgery, you should call Dr Coolican's office immediately you are discharged from hospital. At the two week check the wound is reviewed and a further appointment at six weeks includes a check X-ray to confirm progression towards union of the transferred bone. If the radiographs are satisfactory at this stage, the brace is discarded and outpatient physiotherapy is commenced. You may not start isolated quadriceps exercises until the transferred bone is healed in position and this usually takes six weeks or a little more. In the intervening time, the quadriceps atrophy. The physiotherapists in hospital will teach you how to co-contract your quadriceps and hamstrings to safely work the muscles in the first six weeks to minimize quadriceps atrophy but there is usually significant muscle wasting that has to be corrected from six weeks after surgery.

You may return to an office job 2-3 weeks after surgery but it is usually 3 months before a physical job is possible.

A rehabilitation programme supervised by your physiotherapist emphasizes range of motion exercises as well as a graduated quadriceps strengthening programme to help improve strength and endurance.

Complications

The major risks of surgery include infection, blood clots, inadvertent injury to blood vessels and nerves, knee stiffness and recurrent patellar dislocation both medially and laterally.

You will be given medication to help prevent infection and clots but it is important to move your ankle up and down a couple of times every twenty minutes whilst awake to help the calf muscle and reduce the risk of clots. If you develop calf or chest pain or unexplained swelling please contact Dr Coolican.

Infection, if left untreated can have serious consequences and it is important to let Dr Coolican know if you have increasing pain, a fever, redness or swelling.

Several major vessels and nerves which supply the leg are in the vicinity of the surgery and are at risk of injury at the time of surgery although this is extremely rare. A couple of small nerves within the skin are often divided at the time of surgery and a small numb patch on the lateral side of the leg is not uncommon following the surgery. This is usually symptom free.

Costs

Dr Coolican's fees are above the Medical Benefits Schedule and patients have a gap to pay. The anticipated gap for your surgery will be discussed with you at the time of booking surgery although this could vary a little depending on the findings at surgery. Your anaesthetic fees are in addition to the surgery fee.