# STEVEN CHUDIK MD SHOULDER, KNEE & SPORTS MEDICINE

## **Quadriceps Tendon Repair**

### **Indications for Surgery**

The quadriceps muscles on the front of the thigh attach to the patella (kneecap) by the quadriceps tendon. When the quadriceps tendon is injured, the quadriceps muscles and the patella are no longer properly connected and this results in loss of function of the quadriceps muscles. The quadriceps muscles work to straighten the knee or control the knee during bending or squatting. A complete rupture of the tendon leaves a patient unable to fully straighten the knee or walk normally without the knee giving out. The quadriceps tendon usually is torn by a sudden episode of stressful over-activity such as jumping or falling. Repairing the tendon back to the patella is recommended since the quadriceps tendon is needed to walk normally and perform other daily activities.

#### **Contraindications**

- Inability or unwillingness to complete the postoperative program or to perform the rehabilitation necessary to regain proper leg function
- Infection of the knee (current or previous; not an absolute contraindication)

### **Risks and Complications of Surgery**

- Infection
- Swelling or continued pain of the knee
- Re-injury of the repair
- Knee stiffness (loss of knee motion) or muscle weakness
- Rarely, clot in the veins of the calf or thigh (deep venous thrombosis, phlebitis) that may break off in the bloodstream and go to the lungs (pulmonary embolus)

### **Hospitalization and Anesthesia**

- Outpatient surgery (go home the same day)
- General anesthetic, femoral nerve block

### **General Surgical Technique**

The goal of the surgery is to repair the torn quadriceps tendon back to the patella to restore normal knee mechanics. Dr. Chudik identifies the torn end of the tendon through a limited incision just over the knee cap. Once identified, he places strong sutures through the tendon in order to grasp it and reconnect it back to the patella. He drills three small tunnels through the patella, and passes the sutures from the tendon through the tunnels and ties them to reconnect the torn tendon. It is important to protect the repair by keeping the knee straight locked in a brace.



Orthopaedic Surgery & Sports Medicine Teaching & Research Foundation otrfund.org





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### **Preoperative Instructions**

- Discontinue birth control pills
- Stop blood thinners (aspirin, Coumadin®, Lovenox®, Xarelto®) according to the prescribing doctor's directions
- Stop anti-inflammatory medicines (ibuprofen, Advil®, Motrin®, Naprosyn®, Aleve®, etc.)
- Stop nutritional supplements and drinks (Vitamin C, ginseng, ginkgo biloba, etc.)
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper healing of tissues
- Do not eat or drink anything after midnight the evening before surgery

### **Postoperative Course**

- A post-op hinged knee brace for eight weeks (locked straight for the first six weeks)
- Keep the wound clean and dry for the first ten to 14 days after surgery. Showering lightly is allowed after two weeks but wounds cannot be submerged under water for three weeks
- If right lower extremity is involved, driving after six to eight weeks and when strength and motion allows
- Return to school/sedentary work in less than one week as long as the extremity can be elevated
- Physical therapy to restore motion, strength, and proprioception (balance) for up to four to six months.

### **Return to Activity**

- May walk immediately with knee locked straight in brace
- Return to walking and regular daily activities once brace is opened up to allow motion at six weeks after surgery
- Start running at about three months post-op
- Return to sports at four to six months post-op depending on desired level of activity

### **Scheduling Surgery**

Call Dr. Chudik's surgery scheduler at 630-324-0402, or email contactus@chudikmd.com to:

- Schedule the date and location of surgery. The hospital will call the day before with the arrival time
- Schedule an appointment with Dr. Chudik's physician assistant to complete preoperative surgical education and other requirements
- Schedule a postoperative appointment with Dr. Chudik's Team to remove sutures and review post-op instructions

### **Notify My Office If Symptoms Worsen**



630-324-0402 ● contactus@chudikmd.com stevenchudikmd.com

