

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Medial Patellofemoral Ligament (MPFL) Reconstruction

Indications for Surgery

When the patella (knee cap) is dislocated, the structures on the medial side of the patella are torn. Often after a dislocation, the knee can be rehabilitated in physical therapy and the patient can return to activities without repeated dislocations. However, some patients continue to experience instability and dislocations. With each dislocation, there is a risk for associated injuries to the cartilage in the knee. After a bout of conservative treatment, if the patient continues to have recurrent dislocations, surgery to reconstruct the MPFL is recommended.

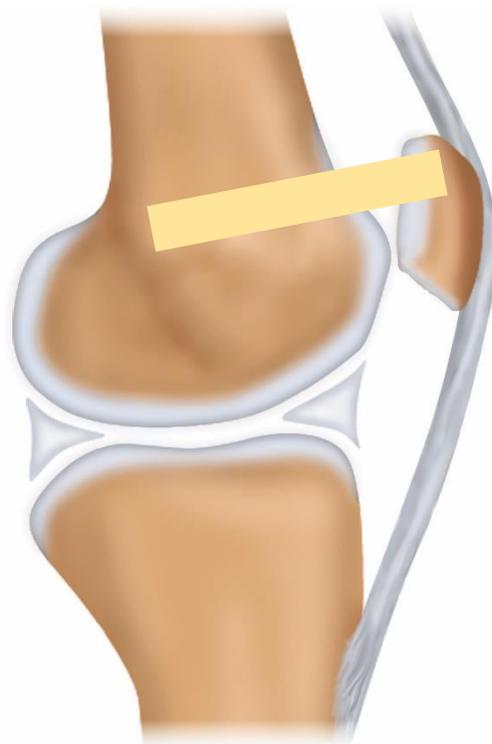


Illustration of lateral knee indicating approximate position of MPFL ligament reconstruction

Contraindications

- Inability or unwillingness to complete the postoperative program or to perform the rehabilitation necessary
- Infection of the knee (current or previous; not an absolute contraindication)
- Severe knee or patellar arthritis



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Risks and Complications of Surgery

- Infection or injury to nerves (numbness) of the knee, leg, and foot
- Swelling or continued pain of the knee
- Re-injury of the reconstruction and recurrent patellar dislocation
- Knee stiffness (loss of knee motion) or muscle weakness
- Recurrent dislocation or subluxation of the patella
- 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) (rare)

Hospitalization and Anesthesia

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

General Surgical Technique

There are a wide variety of techniques used to treat recurrent dislocations of the patella. Many surgeons utilize techniques that are very involved and can require cutting bones and tissues to re-align the way the patella tracks along the femur (thigh bone). These procedures alter the normal anatomy and typically results in an increased risk for developing arthritis at the patella. On the other hand, Dr. Chudik prefers to preserve the normal anatomy and anatomically reconstructs the medial patellofemoral ligament (MPFL) in order to stabilize the patella and prevent further dislocations. The reconstruction is done with a tendon graft (usually a hamstring tendon from the same knee) to create a new MPFL. The graft is secured with small anchors in the femur and the patella.



New medial patellofemoral ligament created with hamstring tendon graft



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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

- Crutches for comfort and weight bearing as tolerated in brace
- A post-op knee brace for six weeks (locked straight for the first four weeks)
- Keep the wound clean and dry for the first 10 to 14 days after surgery. Showering lightly is allowed after two weeks but wounds cannot be submerged under water for three weeks
- Driving after six weeks if right lower extremity is involved
- 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
- After the knee is fully rehabilitated, **Dr. Chudik's Functional Capacity Knee Evaluation** is performed to determine that the knee is fully rehabilitated and more importantly, that any errors in movement patterns that indicate a higher risk for knee injury are corrected and the patient can return to activities safely

Return to Activity

- Return to walking and regular daily activities once brace is opened up to allow motion at four weeks after surgery
- Start light running at about three months post-op
- Return to sports at four to six months post-op



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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 you the day before with the time.
- Schedule a preoperative appointment.
- Schedule a postoperative appointment to remove sutures and review postoperative instructions.

Notify My Office If Symptoms Worsen



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