

STEVEN CHUDIK MD

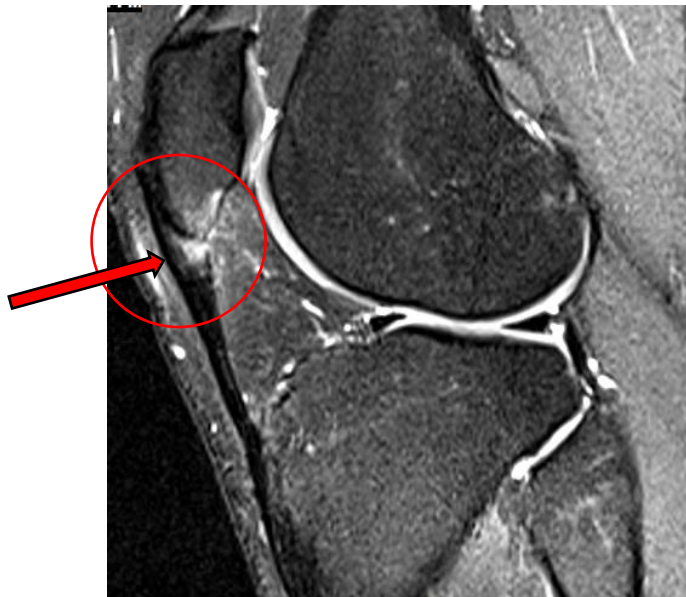
SHOULDER, KNEE & SPORTS MEDICINE

Patellar Tendinosis Debridement and Repair

Surgery Indications

The patella tendon runs from the patella (kneecap) to the tibia (lower leg bone) to provide the distal (end) attachment of the quadriceps muscle to the tibia (lower leg bone). The patellar tendon is stressed with repetitive explosive movements, such as sprinting and jumping. Overtime, the tendon degenerates or becomes edematous (swollen) in reaction to the repetitive forces. This condition is known as patellar tendinosis. Symptoms from patellar tendinosis typically can resolve with conservative treatment such as medication and ice to relieve the pain, stretching and eccentric strengthening exercises to encourage tendon remodeling and temporary avoidance of aggravating activities. If the patient fails all conservative treatment, surgery is indicated to debride (remove) degenerated tendon tissue, stimulate a healing response, and repair any grossly torn tendon.

MRI image of patellar tendinosis. Healthy patellar tendon should appear dark black on MRI. Degenerative tendon area appears with bright white fluid density on MRI.



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)
- Has not attempted proper conservative treatment



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

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



Schedule online now

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Risks and Complications of Surgery

- Infection
- Swelling or continued degeneration of tendon and pain in the knee
- Knee stiffness (loss of knee motion) or muscle weakness
- Inability to return to extreme strenuous activities that continue to break the tendon down
- 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 which is rare)

Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- Intravenous sedation or light general anesthesia, femoral block (See *Your Surgical Experience* booklet)

General Surgical Technique

The goal of the surgery is to debride the painful non-healing degenerative patellar tendon tissue, stimulate a healing response in less degenerative tissue that has healing capacity and repair any grossly torn tendon. Through a mini-open incision, Dr. Chudik identifies and opens the patellar tendon longitudinally to examine the depth of the tendon. He debrides (removes) any obvious degenerative tissue and repairs the torn portion of the tendon with sutures. Following surgery, the tendon repair may require bracing, a slow progression of physical therapy, and up to four to six months to allow the tendon to gradually remodel and accommodate/tolerate increasing forces. Otherwise, the tendon may not completely recover and may not be able to resume strenuous activities without recurrence of symptoms.

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Do not eat or drink anything from midnight, the evening before surgery



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

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



Schedule online now

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Post-Operative Course

- A post-op knee brace for up to 6 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 may not resume until after six weeks 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.
- **Dr. Chudik's Functional Capacity Evaluation** to ensure not only that your knee is fully rehabilitated.

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
- Return to sports at four to six months post-op depending on level of activity and state of recovery

Scheduling Surgery

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

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment for ten to 14 days after surgery to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen



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

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



Schedule online now