

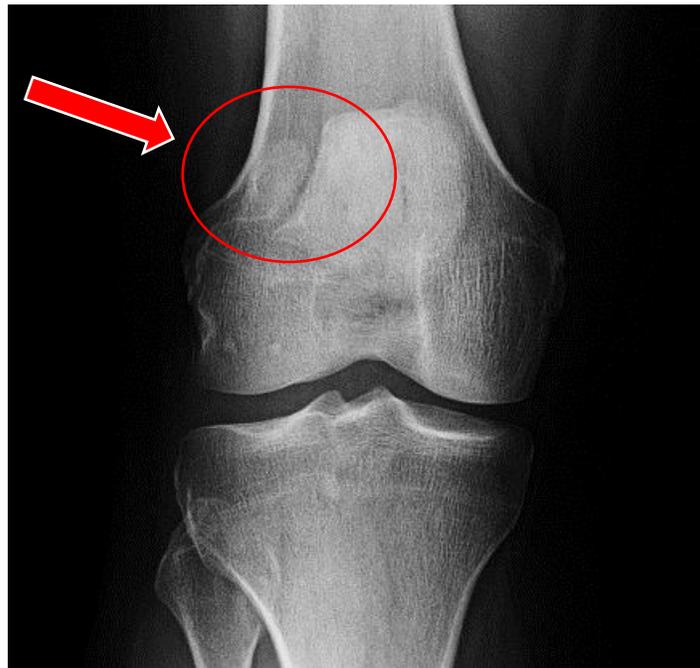
STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Bipartite Patella Excision or Repair

Indications for Surgery

The patella is a sesamoid bone on the front of the knee that articulates along the front of the femur, protects the knee from impact, and is part of the tendon of quadriceps muscle which is responsible for straightening the knee, standing and jumping. Bipartite patella is a condition where the cartilaginous centers of growth fail to fuse during development to form a single complete bony patella. It can occur in one or both knees. Bipartite patella is commonly asymptomatic and considered a normal variant. However, in a small percentage of patients, often following trauma, movement or instability of the bipartite fragment can cause pain and limitations and may require surgery to remove or repair the bipartite fragment.



X-ray showing unfused fragment in a patient with bipartite patella

Contraindications to Surgery

- Infection of the knee
- Inability or unwillingness to complete an appropriate postoperative rehabilitation program
- Advanced arthritis (damaged cartilage) of the knee



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Potential Surgical Risks and Complications

- Infection
- Knee stiffness (loss of knee motion)
- Continued pain
- Weakness of the quadriceps muscles and prolonged recovery if proper rehabilitation is not performed immediately following surgery

Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- IV sedation or light general anesthesia with local numbing medicine injected around the knee

General Surgical Technique

Depending on the size of the unstable bipartite fragment, there are different treatment options. If the fragment is small enough, the bipartite fragment can be removed arthroscopically. Dr Chudik performs arthroscopic surgery with the assistance of an arthroscope, a small camera that allows you look inside the knee through small incisions. Small arthroscopic shavers and cutting instruments are used to remove the fragment and contour remaining edge of the patellar surface. For some larger lesions, an open incision may be required to remove or repair the fragment. Dr. Chudik repairs the fragment by removing the soft-tissue and freshening up the surfaces between the fragments and connecting them together with special hardware. Dr. Chudik will discuss the various options with you and help determine the best treatment for you.

Post-Operative Course

- Keep the wound clean and dry for three days following all arthroscopic surgery and 10 to 14 days following open surgery. You may shower lightly after three days (all arthroscopic) and 14 days (open surgery), but wounds cannot be submerged under water for three weeks.
- Physical therapy should begin two to three days after surgery and continue for approximately three to four months depending on severity. It is crucial to follow through on and maintain a proper therapy schedule.
- Minimize standing and walking for six weeks with a gradual progression of activity.



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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

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
- Schedule an appointment with Dr. Chudik's PA to complete pre-operative surgical education and other requirements
- Schedule a post-operative appointment with Dr. Chudik's team to remove sutures and review post-op instructions

Notify My Office if Symptoms Worsen



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