

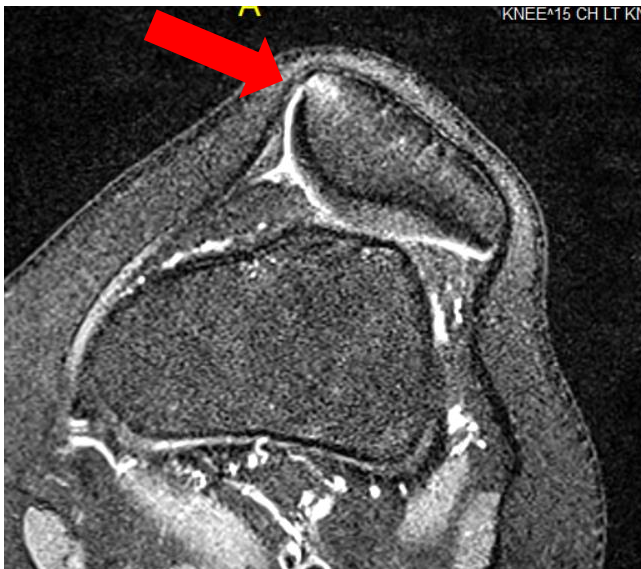
STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Medial Patellofemoral Ligament (MPFL) Reconstruction, Tunnelless

Indications for Surgery

When someone dislocates their patella (knee cap) the structures on the medial side of the patella are torn. Sometimes after a dislocation, you can rehabilitate the knee in physical therapy and the patient can return to activities without recurrent (repeat) 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 conservative treatment and physical therapy, if someone continues to have recurrent dislocations, surgery to reconstruct the medial patellofemoral ligament (MPFL) is recommended.



MRI of the knee following a dislocation revealing swelling (white area) in the patella bone at the site of impact with the femur.



MRI of the knee following a dislocation revealing swelling (white area) in the femur bone at the site of impact with the patella.

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



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

Potential 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 that is rare)

Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- General anesthetic, femoral nerve block (See **Your Surgical Experience** guide)

General Surgical Technique

There is a wide variety of techniques used to treat recurrent dislocations of the patella. Many of these surgeries are very involved and can require drilling tunnels and/or cutting bones and tissues to re-align the way the patella tracks along the femur (thigh bone). This alters the normal anatomy and predictably results in an increased risk for developing arthritis. Dr. Chudik prefers to preserve the normal anatomy and anatomically reconstructs the medial patellofemoral ligament (MPFL) **without drilling tunnels or cutting the bone** 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 to the femur and the patella.



New medial patellofemoral ligament created with graft



STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

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

Post-Operative Course

- Crutches for comfort and weight bearing as tolerated
- 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. **MUST START QUADRICEPS MUSCLE PRESERVING EXERCISES IMMEDIATELY.**
- After the knee is fully rehabilitated, **Dr. Chudik's Knee Functional Capacity Evaluation** is performed to determine that the knee is fully rehabilitated and more importantly, that any errors in movement patterns (known to put patients at risk for injuring their MPFL reconstruction or their other knee) 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
- Return to running at about three months post-op
- Return to sports at four to six months post-op

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



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

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



Schedule online now