

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Patellar Tendon Repair

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). When the patellar tendon is injured, there is loss of continuity between the quadriceps muscles (which straighten the knee) and the tibia (lower leg bone). Therefore, when someone suffers a complete rupture of the patellar tendon, they are unable to straighten their knee, or walk normally without the knee giving out. The patellar tendon is usually torn by a sudden episode of violent quadriceps muscle activity, such as with jumping, hurdling, or starting a sprint. Repairing the tendon back to the patella is necessary to allow normal gait and perform other daily activities.

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)

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
- 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)
- General anesthetic, femoral block (See *Your Surgical Experience* booklet)

General Surgical Technique

The goal of the surgery is to repair the torn patellar tendon back to the patella and 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 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.



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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**

Post-Operative 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 if 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, but also that any errors in movement patterns known to put patients at risk for reinjuring their reconstruction and their other knee was corrected.

Return to Activity

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

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



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Schedule online now