Medial patellofemoral ligament reconstruction

Description
The medial patellofemoral ligament (MPFL) is the primary medial stabilizer of the patella. This ligament prevents the knee from lateral dislocation and subluxation. With any lateral displacement of the patella the MPFL can be injured or torn. Repair of the MPFL is a surgical reconstruction to return the patella to its normal state within the knee.

Common signs and symptoms of patellar dislocation or subluxation
- Patellar dislocation to the outer side of the knee, causing an obvious deformity; often relocates on its own when the knee is straightened, leaving no deformity; damage is the same in both cases.
- Severe pain when attempting to move the knee and a feeling of the knee giving way
- Tenderness, swelling and bruising of the knee
- Numbness or paralysis below the dislocation from pinching, cutting or pressure on the blood vessels or nerves (uncommon)

Causes of dislocation and subluxation
- Direct blow to the knee
- Twisting or pivoting injury to the lower extremity, such as with cutting (rapid change of direction)
- Powerful muscle contraction
- Congenital abnormality (you are born with it), such as shallow or malformed joint surfaces
Chances of repeated dislocation or subluxation
It has been found that the incidence of recurrent dislocation after the first dislocation occurs can be as high as 40 percent. Surgically treating those dislocations by lessening lateral tension and tightening medial restraint could reduce this recurrence rate to below 10 percent.

Surgical options
- There are several surgical options that may be used to prevent patellar dislocation and subluxation. These procedures may be used alone or in a combination:
  - Lateral release
  - Medial patellofemoral ligament (MPFL) reconstruction / proximal realignment
  - Distal realignment / anteromedialization (AMZ)

Lateral release
Release of tight lateral retinaculum (soft tissue) to allow patella to track more medially. This procedure is sometimes performed alone on patients with mild instability of the patella.

Medial patellofemoral ligament (MPFL) reconstruction
A tightening of the MPFL or a reconstruction of this ligament can be used to balance the tracking of the patella to more natural (medial) alignment. This procedure is performed in patients with more severe patellar instability. A lateral release often is performed in conjunction with this procedure.

Distal realignment / anteromedialization (AMZ)
This realignment procedure involves transferring the tibial tubercle (where the patellar tendon attaches to the tibia). The bony attachment of the tendon is moved more medially to allow the patella to track normally. This procedure is performed on patients with severe patellar instability and is used in conjunction with the lateral release and/or the MPFL reconstruction.

What to expect following surgery
Following the operation you will be taken to the recovery room for observation. Once the effects of the anesthesia have worn off and your pain is under control you will be released. Initial treatment after surgery consists of pain management, physical therapy and cryotherapy (ice).

How should I care for my knee after surgery?
Prior to your discharge, you will be given specific instructions on how to care for your knee. In general, you can expect the following:

Diet
Resume your regular diet as soon as tolerated. It is best to start with clear liquids before advancing to solid food. Progression to solid foods/normal diet as tolerate (let your body be your guide).

**Medication**
You will be given a prescription for pain medication. Take the prescribed medication as directed, for the first 48-72 hours. You may begin to taper the medication beyond that point. You can also add Naproxen or Ibuprofen between doses after the first 72 hours to lengthen the time between prescription doses.

**Wound Care**
It is important that you keep your wounds dry and protected until the sutures are removed. Dressing may be removed 48 hours following surgery. The wound should be kept dry at all times. Do not submerge the surgery site in water. Once sutures have been removed you may wash the area as normal. The wound site should not be submerged in clean water until all wounds have healed completely.

**Crutches:**
Lateral Release — 1-2 weeks
MPFL Reconstruction — 2-4 weeks (partial weight bearing in a locked brace)
Distal Realignment — 6 weeks (non-weight bearing)

**Brace**
A hinged knee brace will be applied in the operating room and worn for approximately 6-8 weeks.

**Ice**
You may receive a portable ice container which continually surrounds your knee with cold water. You may apply ice over the dressings for 30 minutes every hour for several days. Do not use heat.

**Suture removal**
Your stitches may be removed at your office visit 7-10 days after surgery. After the sutures are removed Steri-strips will be applied. These should be allowed to fall off on their own and not be pulled off by the patient. Once these have fallen off the wound site may be submerged in clean water for bathing.

**Follow-up office visit**
You will be given an initial follow-up appointment prior to leaving the hospital after surgery.

**Physical therapy**
An appointment will be arranged for physical therapy following your surgery.

Please call 859-323-5533 with questions or for more information.