

**Medial Patellofemoral Ligament (MPFL) Reconstruction for Patellar  
Instability/Dislocation**

**The problem:**

The kneecap has dislocated laterally one or more times. A ligament has been torn or stretched allowing this to continue.

**Reason for treatment:**

The structure of a patient's knee predisposes the patella to dislocate laterally. With one or more dislocations, a ligament, called the MPFL, has been torn or stretched. The goal of treatment is to rebalance the forces of the knee by releasing tissue that pulls the kneecap laterally and reconstructing the ligament that pulls the kneecap medially in a way that reduces the risk of repeat dislocation.

**The treatment:**

Arthroscopic surgery is used to assess the knee and perform a lateral release. This involves the release of tissue that pulls the kneecap laterally. The cartilage of the knee is also assessed and addressed if needed. The MPFL is reconstructed using two surgical incisions on the inside of the knee. Allograft tissue is used for reconstruction. It is fixed to the patella and femur using anchors and screws.

**Day of surgery:**

The patient should plan to arrive 2 hours prior to the procedure to get situated and meet the operative team. The procedure is done arthroscopically and open with two medial surgical incisions. Each incision is between 2-4 inches long.

The patient is asleep for the procedure. The procedure itself takes between 60 to 90 minutes. Recovery room time is approximately 1 hour. Patients often go home the same day but may stay overnight for 23-hour observation.

**After surgery:**

The patient is allowed to bear partial weight with a brace on and locked out with the knee straight. Crutches are used for balance and support. The brace may only be removed when bathing or when the patient is awake and sitting/lying. It may not be removed if the patient is moving from one area to another. Exercises are started in the first few days for range of motion and strengthening.

The knee is often painful, swollen, and warm for several weeks after surgery. This can be managed by icing the knee several times each day (20 minutes each time), using a compressive wrap (ACE), and taking pain medication provided by a prescription. Do not take any anti-inflammatory medications (Advil, Aleve, etc.) for 6 weeks after the surgery. Most patients will be able to stop using pain medicine within 2-4 weeks.

After 2-4 weeks, most patients walk without the brace. Gradual rehabilitation is performed over the next several months to initially regain motion over the first 6-8 weeks with a focus on strengthening starting at 6-8 weeks. Most patients can return to most activities at 3-6 months.