

Tibial Tubercle Osteotomy for Patellar Instability/Dislocation

The problem:

The kneecap has dislocated laterally one or more times. Certain parameters of your knee structure predispose it to repeat dislocations.

Reason for treatment:

The structure of a patient's knee predisposes the patella to dislocate laterally. The goal of treatment is changing the structure of the knee by moving the location of the patellar tendon attachment on the tibia in a way that reduces the risk of repeat dislocation.

The treatment:

The front of the tibial bone is purposely broken, moved, and reattached to the tibia in a slightly different location using 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 with a long open incision on the front of the knee. This incision is between 8 and 12 inches long. Instruments are used to break the tibial tubercle away from the bone, move it, and then re-attach it with screws.

The patient is asleep for the procedure. The procedure itself takes between 60 and 90 minutes. Recovery room time is approximately 1 hour. Patients may go home the same day, but often 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. The knee is kept straight for 2-4 weeks. Bending exercises start at that time. Active knee extension exercises do not begin until 4-6 weeks.

The only exercise started on the day of surgery is calf pumps. Because there is a risk of blood clot with this surgery. A blood thinner is occasionally prescribed for 10-14 days (about 2 weeks) after surgery. This may be an oral medication, or it may be an injectable medication.

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 6-8 weeks (about 2 months), most patients walk without the brace. Gradual rehabilitation is performed over the next several months to initially regain motion over the first 2-3 months with a focus on strengthening after two to three months. Most patients can return to most activities at 6 to 12 months.