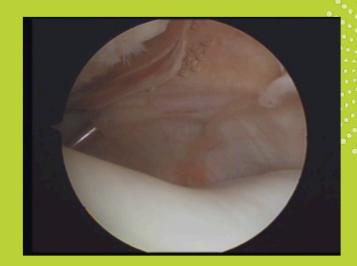
Surgery after First-time Patella Dislocation without Stabilization





Michael Saper, DO, ATC, CSCS

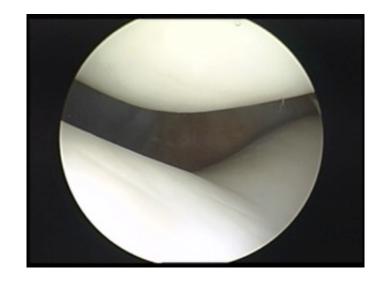
Assistant Professor, Orthopedics and Sports Medicine





Anatomy

- Patella = "knee cap"
- Trochlea = "groove"
- Cartilage cushion on surface of bones
 - Often injured with dislocation
- MPFL (medial patellofemoral ligament) = ligament that keeps knee cap in place
 - Torn/stretched with dislocation







TT-TG Distance

Attachment of patella tendon too far to the outside of leg.

As thigh muscles straighten leg, knee cap is pulled to the side out of the groove.







Patella dislocation

- Osteochondral fracture / Loose Body (1/3 of cases)
 - Typically from knee cap or end of thigh bone







Main Goals for Surgery

Remove Loose Body

Decrease swelling
Remove locking/popping
Improve function
Allow physical therapy to work

Return to Sport







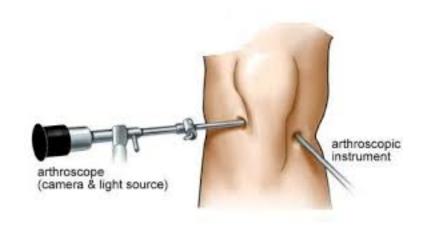
Surgery Details – "Clean up" and Loose Body Removal

<60 minute outpatient surgery (go home same day)</p>

General anesthesia (asleep the whole surgery and won't feel anything)

Arthroscopic surgery with few small incisions

Risks (rare!): anesthesia, bleeding, nerve injury, infection, stiffness, continued pain, re-operation, failure to return to sport







Outcomes

Recurrence of Patellar Instability in Adolescents Undergoing Surgery for Osteochondral Defects Without Concomitant Ligament Reconstruction

Jason M. Pedowitz,* BS, Eric W. Edmonds,*† MD, Henry G. Chambers,*† MD, M. Morgan Dennis,† BS, Tracey Bastrom,† MA, and Andrew T. Pennock,*†‡ MD Investigation performed at Rady Children's Hospital, San Diego, California, USA

Success rate = 60% if TT-TG distance <15 mm

- 25% if 15 mm or higher
- 14% if 20 mm or higher





What to expect after surgery

Weightbearing as tolerated

No brace

Crutches 3-7 days

Back to school/work within a few days

Physical therapy starts 3-4 days after surgery

Return to sports typically 3-6 months





Conclusions

Goals = remove diseased tissue, allow accelerated rehabilitation

Patient selection and postop physical therapy is key

Underlying anatomic risk factors can affect risk of recurrent instability

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