Murphy Wainer Orthopedic Specialists
A Division of Southeastern Orthopaedic Specialists, P.A.

Dax Varkey MD, MPH
Caroline McBane PA-C
1130 N. Church Street, Suite 100
336-375-2300 (tel)
336-375-2314 (fax)

Medial Patellofemoral Ligament (MPFL) Reconstruction with Tibial Tubercle Transfer Pre-Operative Information Packet

What is the MPFL?

- The Medial Patellofemoral Ligament (MPFL) is a ligament that helps stabilize your patella (knee cap) and keep it centered during range of motion of the knee.
- Due to a combination of growth factors or trauma, some people tear this ligament or it doesn't develop normally and they may develop instability of their patella.

What is a tibial tubercle transfer?

- The tibial tubercle is the bony attachment site for the patellar tendon. The bone is cut and moved to improve alignment of the patella and prevent future patellar instability/dislocation.

Why have surgery to stabilize your patellofemoral joint?

- Patellar dislocations are extremely painful and damaging to the joint. Continuing to have patellar instability can lead to a higher rate of early arthritis and pain in the front of the knee.

What is recovery like after surgery?

- Due to the osteotomy we will likely keep you overnight for observation and pain control.
- You will go home in a brace and will need bracing of some kind for a number of weeks after surgery. You will not be able to put your full weight through the leg for 6 weeks after surgery.
- Most people return to sedentary work or school between 3-7 days after surgery. Some patients may feel well enough to return even sooner. People who's jobs require manual labor may have longer periods out of work.
- Until you are cleared by a doctor, you should not participate in any sports, run, jump, pivot after surgery.
- Though you will return to some normal daily activities much earlier, a full recovery and medical release to return to sports typically does not occur until 6 months postoperatively.

Type of MPFL grafts

- Patients can chose to use their own hamstring tendons or use a donor tendon. Using a donor tendon speeds recovery after surgery and is the recommended graft choice for most patients.
- We will use cadaveric donor bone to help with your healing after the osteotomy unless we discuss otherwise.

Murphy Wainer Orthopedic Specialists
A Division of Southeastern Orthopaedic Specialists, P.A.

Dax Varkey MD, MPH
Caroline McBane PA-C
1130 N. Church Street, Suite 100
336-375-2300 (tel)
336-375-2314 (fax)

Post Surgery

- Your post-operative appointment will be scheduled 7-10 days post surgery to check on your progress and obtain x-rays. If you do not have this appointment made at the time of your surgery please call the office and ask for an appointment at 336-375-2300.

Physical Therapy

- Physical Therapy (PT) is integral to a successful surgical outcome. Without a commitment to PT you may very well be worse after surgery due to stiffness or weakness. PT usually lasts the first 8-12 weeks. **If you are unwilling to participate fully in PT, this surgery may not be appropriate for you.**
- Physical therapy will typically start about 1 week after surgery. You will be provided a physical therapy prescriptions at the time of your first visit after surgery.

Anesthesia

- You will be fully asleep for the entire procedure.
- For the vast majority of patients, anesthesia is very safe. There are specific risks with any anesthetic procedure and the anesthesiologist and nurse anesthesist will discuss these with you at the time of surgery.
- Your anesthesiologist will speak to you prior to the procedure to go over the pros and cons of your anesthesia options. **Ultimately, the decisions about your anesthesia options are made by you.**

Pain control

- Pain after surgery is normal and is an expected part of recovery.
- We use a comprehensive and diverse approach is used to manage pain after surgery. This approach minimizes the the use of narcotics which can have harmful side effects and are addictive.
- Most patients go home with scheduled Acetaminophen (Tylenol), an anti-inflammatory (meloxicam, celebrex or ibuprofen) and a narcotic (oxycodone). It is EXTREMELY rare to need a refill on narcotics after this surgery and most patients discontinue narcotic use completely by 3-4 days after surgery.

Risks of surgery

- This surgery, like all surgeries has potential risks. That said, the vast majority of patients have a good outcome.
- Some risks include infection, blood clots, stiffness and surgery related risks (patella fracture, scar prominence, compartment syndrome, periprosthetic fracture) and are rare.

For more information visit the patient information section at drdaxvarkey.com or scan below

SCAN ME