- Fever (>38°C) : this rise in temperature may be due to resorption of the haematoma, but could also indicate a bacterial infection (frequency <1%). If you suspect you have an infection, **do not take antibiotics through your GP!** Antibiotics mask the bacteria and prevent us from being able to properly target our antibiotic treatment. It is imperative that you have it checked (contact info above) as soon as possible!
- Significant discharge from the wounds : haematoma versus infection (see above)

Postoperative rehabilitation

There are four objectives during this phase:

- **Combatting pain:** medication and ice packs
- **Recovering knee mobility: extension** is the first goal. Once this has been recovered, the limp will go away
- **Stimulating the thigh muscles**
- **Recovering walking ability:** gradually putting weight back on the knee with the help of the **2 crutches** allowing a mobility of 0° to 90° bending will be allowed the day after the operation. You will be able to get rid of the crutches once you have recovered good muscle control after **15 days**. This will allow time for the swelling of the leg and knee to subside.

You will be given a **knee brace** after the operation and it should be worn for the **6 weeks** following the operation. You will be able to get rid of the brace **at the end of the 6th week** after the operation, but you should do so very gradually. You should use the crutches for the first two weeks in order to keep the weight off the leg that has been operated on. After two weeks, you will no longer need them.
You cannot drive a car while wearing the brace. In fact, in case of accident, you will not be insured.

Follow-up appointments

2 weeks : To check the wound and remove the stitches.
6 weeks : for a clinical check-up and removal of the brace
3 months : for a clinical check-up before resuming sports activities.

Leave from work

Leave of:
3-4 weeks will be prescribed for office workers
6 weeks will be prescribed for standing jobs
3 months will be prescribed for physical jobs.

Check list before leaving the hospital

- **Letter of discharge for your GP**
- **Prescriptions for painkillers & injections (Clexane/fraxiparine)**
- **Prescription for physical therapy** (INAMI/RIZIV Code: 294 766 N 400)
- **Work incapacitation**
- **Papers for your Hospitalisation Insurance**

In case of problems at home

You can reach the BOOST secretary on weekdays
02/434.25.36

You can also reach us by mail:
- yorick.berger@chirec.be
- arnaud.deltour@chirec.be

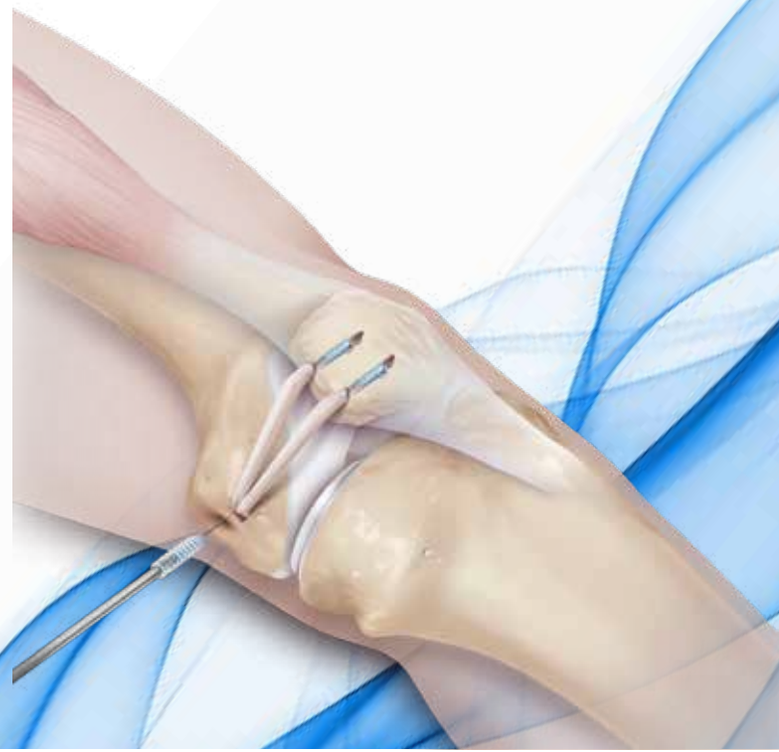
If a problem arises on a weekend, contact the emergency department: 02/434.88.00

In any case, please don't hesitate to contact us, «Prevention is better than cure»!

BOSI
Brussels Orthopedics & Sports Institute

MPFL RECONSTRUCTION

PATIENT INFORMATION



Anatomy

The patella is a freestanding bone located at the front of the knee. It is articulated with the femoral trochlea, a "V" shaped groove in which the patella is able to glide. It is attached to the femur by 2 flaps: on the inner side and the outer side. The inner flap or MPFL – the **medial patello-femoral ligament** – is a ligamentous structure that stabilises the patella on the inner side. This ligament can rupture during a dislocation (or subluxation) of the patella as the result of an accident or sports injury.

Patients with an injury to the MPFL may experience **patellar instability.** These wounds can in fact heal but often, there remains a 'distension' of the ligament which heals but is not as rigid as before, so that once the patella has been dislodged through trauma, it can more easily become (sub)luxated.

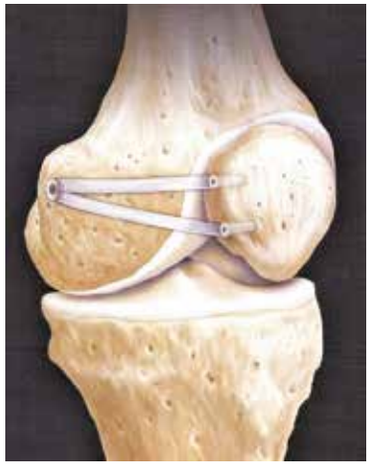
Risk factors?

Anyone can be subject to patella dislocation as the result of an accident or violent trauma. Some people are nevertheless more at risk, especially those with ligamentous hyperlaxity, patellofemoral dysplasia, (femoral groove/patella), a patella alta (high patella position) or quadriceps muscle deficiency.

Who is eligible for surgery?

Only persons with recurrent dislocations or a disabling objective instability will be candidates for surgery. In some cases, related osseocartilaginous lesions following the trauma may also be a reason to intervene surgically.

Surgery



The idea of this procedure is to reconstruct the ligament at its exact anatomical location using a tendon taken from the operated knee (autograft). This new ligament is attached through two small bone tunnels in the patella and an additional one in the femur.

Harvesting of the tendon

The tendon of the gracilis muscle is removed to form a substitute ligament.

Creation of the bone tunnels & fixation of the graft

There are two fixation tunnels in the patella and one in the femur. The new ligament will be stretched between these attachment points.

Hospitalisation

You should plan on a staying in the hospital for **1 night**. On the morning of the operation, you should arrive on an empty stomach (do not eat or drink anything after midnight). Discharge will be scheduled for the following day after the verification x-ray and wound inspection. You will need to bring **a pair of crutches** to get around and for use at home.

Immediate post-operative period

We encourage you to follow these simple guidelines:

- **Apply ice to the knee 3x/day for 2 weeks**

- **Paracetamol 1g 4x/day + Ibuprofen 600 mg**

tablet 3x/day hould be taken daily to reduce swelling and help with functional recovery.

Medication to protect the stomach, such as **Oméprazole** will be prescribed. In case of stomach pain, NSAIDs (Ibuprofen) should be stopped in order to avoid the formation of a gastric ulcer.

- **The injection of Fraxiparine/Clexane**

subcutaneously should be administered for 10 days post-operatively to prevent phlebitis of the lower limb.

- **Wound care:** NO wound care at home unless the dressing is soiled or dirty. Remove the initial dressing, disinfect with iso-Betadine Dermicum and apply a clean, new bandage.
The less you touch it, the better!
The dressing will be refreshed and the stitches will be removed at the first follow-up appointment.

- **Showers and baths:** for your own safety, try **not to get your knee wet** . These wounds are directly in contact with the joint. There is a risk of **infection.**

Complications

If you experience any of the following three symptoms, return to the hospital for emergency care. (see contacts on last page)

- **Severe pain in the calf** that does not go away with ordinary painkillers: this could indicate phlebitis. A Doppler ultrasound must be made to confirm the diagnosis and adjust the treatment with Fraxiparine/Clexane.