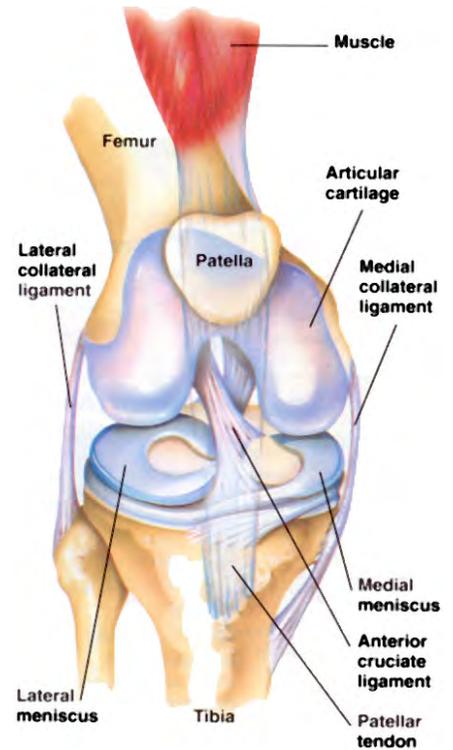


Patellofemoral Disorders

The knee is a complex, mobile joint. It can bend and it can rotate slightly. The knee joins the upper and lower leg bones (femur and tibia). The ends of the bones are covered by smooth articular cartilage which helps the joint move easily. Soft tissues (muscles, tendons, and ligaments) make the knee stable and strong. Ligaments help control knee motion by connecting bones and supporting the knee joint. Tendons join muscles to bones. Two cushions of cartilage (meniscus) sit between the femur and tibia. The meniscus cushion the knee joint and helps the knee absorb shock during motion.

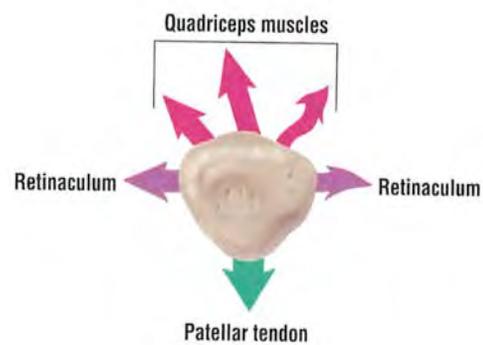
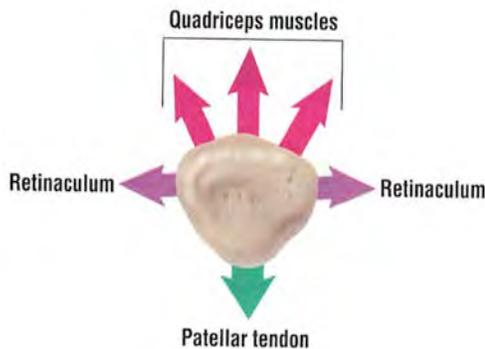


The Patella

The Patella is a small triangular bone that provides leverage for your muscles as they bend and straighten the leg. As the leg moves the patella moves, it slides up and down its track (the trochlea groove) on the femur. The patella is controlled by a system of pulleys. This pulley system includes the quadriceps muscles, retinacula, and the patellar tendon. If all these parts pull in the right way the knee cap stays in place and glides easily in its track. However, an injury can cause some muscles or ligaments to pull too hard or not hard enough.

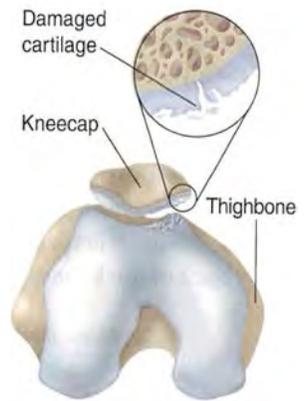
When that happens the patella no longer glides easily against the femur. Pressure may be spread unevenly on the back of the patella, causing wear and tear on the cartilage.

Even a slight tracking problem of the patella can cause uneven pressure on the back of the knee cap. This can cause pain and difficulty with movements such as walking and going down stairs.



Cartilage Damage

Some times the cartilage on the back of the knee cap or in the groove of the femur is damaged. Damaged cartilage can not spread pressure evenly. Uneven pressure wears down the cartilage even further. This can often lead to pain and stiffness. Unfortunately, cartilage has little blood supply, it has a limited ability to heal.

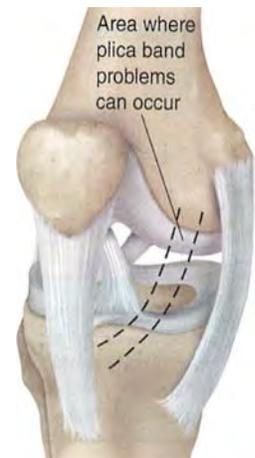


Patella Tendinitis

Patella tendinitis occurs when the quadriceps muscles are overused or tight. During movement, the patellar tendon absorbs more shock than usual. The tendon becomes irritated and damaged. This results in pain during motion or even when you are resting.

Plica Band Syndrome

Plica bands are soft tissue fibers that some people have near the patella. They usually do not cause problems, however they can sometimes become irritated and inflamed. They may snap or catch on the end of the femur. This can cause a wear and tear on the cartilage at the end of the bone.



Dislocation

Sometimes a muscle or ligament in the knee is pulled the wrong way, or the patella may get pushed to hard. The patella may come partly out of the groove (subluxation), or it may come completely out of the groove (dislocation).

This can happen without warning. You may feel a sharp pain or your knee may "give out."

Treatment Options

For many people non-surgical treatments will relieve patellofemoral pain. Non-surgical treatments include physical therapy, anti-inflammatory medication, and cortisone injection. If these treatments are not effective, arthroscopic surgery can be beneficial.

Arthroscopic Surgery

Arthroscopy allows a surgeon to see and work inside your knee joint through small incisions. A long, thin, lighted instrument called an arthroscope is used. During surgery, the arthroscope sends live video images from inside the joint to a monitor. Using these images, the doctor can diagnose and treat your knee problem. Because arthroscopy uses small incisions, recovery is often shorter and less painful than recovery after open surgery.

Risks:

There are risks with any surgery. Risks and complications are rare, but include: infection, damage to nerves or blood vessels, blood clots, pulmonary embolism, medical complications, swelling, stiffness, continuing knee problems, etc.

Before Surgery

You need to prepare ahead of time for knee surgery.

- Stop taking anti-inflammatory medication, including aspirin before the surgery if directed
- Tell your doctor about any prescription or over-the-counter medications, herbs, or supplements that you take. Ask whether you should stop taking any before surgery
- Don't eat or drink anything after midnight the night before surgery. This includes water, unless told otherwise by the surgical facility.
- Arrange for a friend or family member to give you a ride home.



After Surgery

After your surgery you will recover in the hospital or surgery center for a few hours. Your knee will be bandaged and your leg elevated.

When you are able to go home you will be instructed how to relieve any pain and how to care for your knee as it heals. To help with healing, a program of physical therapy (PT) may be prescribed.

In the Recovery Room

After surgery you will be taken to a recovery area to rest. You will have a bandage to protect your incisions. Nurses will give you medications to help relieve the pain. Ice cold therapy may be used to reduce swelling & pain in your knee.

Going Home

Before leaving the hospital or surgery center, be sure to know how to care for your knee at home. Ask any questions you may have. Also know who to contact if you have questions later. When you are ready to leave the hospital or surgery center, an adult family member or friend must drive you home.

Post-op Instructions

- Pain medication will be prescribed; it will be available for pick up at the pharmacy listed on your surgical letter. Take the pain medication as directed.
- **It is illegal to drive while taking narcotic pain medication.**
- Ice your knee 3 times a day for 20 minutes at a time. Use a bag of ice or frozen peas. Put a thin cloth between your skin and the ice source.
- Following partial meniscectomy, full weight bearing is allowed immediately after surgery. Crutches are required following meniscus repair.
- You should begin physical therapy 2 days post-op, if possible, to maintain motion & strength in your knee.

- You are able to shower 2 days after surgery. Let the soap and water run over the incisions; do not scrub them. Dry the incisions with a clean towel or gauze pad. Cover the incisions with bandaids. Do not apply ointment, of any kind, to your incisions.
- Bruising and swelling of the knee, shin, & ankle are common. Bleeding from the soft tissues deep to the skin cause this. Bruising and swelling usually resolve in the first few weeks following surgery.
- Follow up one week after surgery to have your stitches removed and to discuss your surgical procedure.

You should contact your physician if you are having shortness of breath, redness around your incisions, discharge from your incisions, or a fever greater than 101.5°F