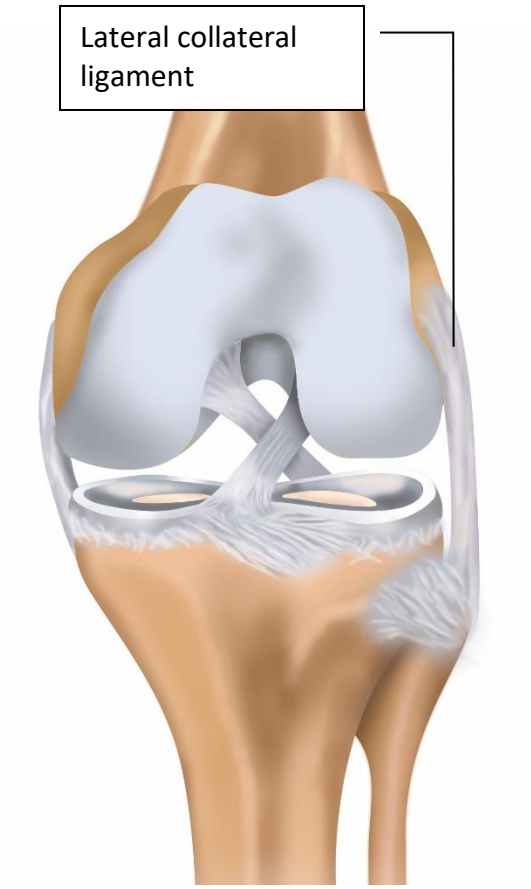
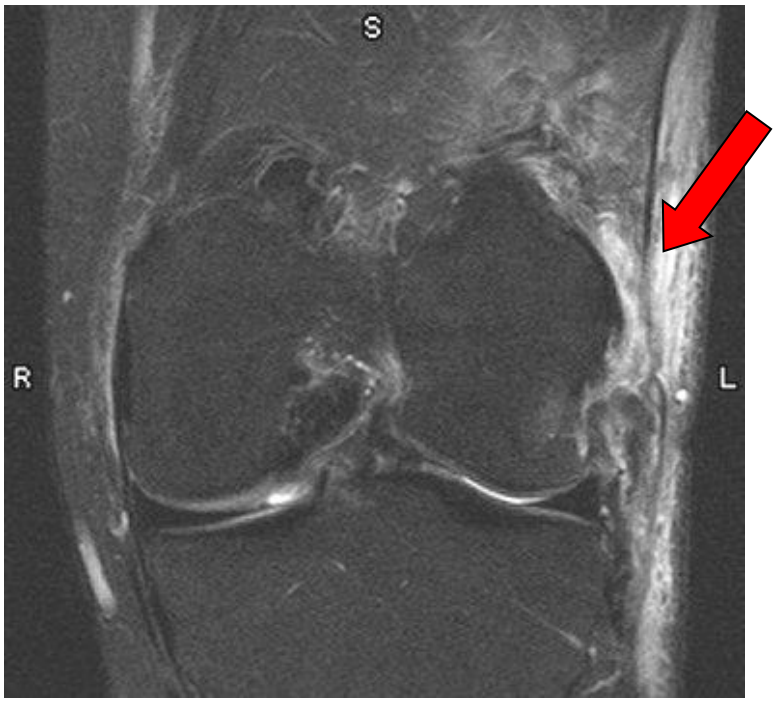
STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Posterolateral Corner Ligament Complex Repair or Reconstruction

Indications for Surgery

The posterolateral corner (PLC) ligament complex injury is a sprain (tear) of one of the four major ligament groups of the knee. The PLC is a group of ligaments on the lateral (outside) knee that helps maintain the normal relationship of the femur (thigh bone) and the tibia (leg bone) at the knee. It prevents the knee from buckling out and rotating excessively. This ligament is the least-injured major knee ligament. PLC sprains usually occur in association with other knee ligament injuries. When torn, this ligament does not heal well and often requires surgical repair or reconstruction, especially when torn in combination with other knee ligaments.





MRI of left knee indicating injury of the posterolateral ligament complex (arrow)

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stevenchudikmd.com

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Contraindications to Surgery

- Persons who demonstrate an inability or unwillingness to complete the necessary postoperative rehabilitation program should not have surgery.
- Infection of the knee, current or previous, is a concern, but not an absolute contraindication.

Potential Surgical Risks and Complications

- Infection
- Injury to nerves (numbness) in the skin around the knee. It is not uncommon to have some small areas of numbness, temporary or permanent, around the incisions
- Before surgery, injury to the posterolateral corner of the knee is often associated with temporary or permanent peroneal nerve injury and can result in foot drop and numbness
- A post-operative infection can require the graft to be removed to treat the infection
- Re-rupture or stretching of the repaired or reconstructed ligaments, causing recurrent knee instability
- Knee stiffness (loss of knee motion) requiring prolonged rehabilitation or repeat surgery
- Rarely, pain from the fixation device used to hold the graft
- Rarely, a clot in the veins of the calf or thigh (deep venous thrombosis, phlebitis) that may break off in the bloodstream and go to the lungs (pulmonary embolus)

Hospitalization and Anesthesia

- Outpatient surgery (go home the same day)
- General anesthetic, femoral nerve block

General Surgical Technique

Dr. Chudik reconstructs the PLC through a limited open incision on the outside of the knee. This group of ligaments sometimes can be repaired, but often requires a reconstruction where Dr. Chudik needs to use a tendon graft to replace the PLC ligaments. Typically, the graft material will come from the patient's own hamstring tendons or an allograft tendon (cadaver). Dr. Chudik will discuss graft options with the patient and help select the best graft option. Dr. Chudik uses two grafts to perform an anatomically correct reconstruction of all of the components of the posterolateral corner, including the fibular collateral ligament (FCL), popliteous tendon (PLT), and the popliteofibular ligament (PFL), to obtain the best outcomes.

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Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners (aspirin, Coumadin®, Lovenox®, Xarelto®) according to the prescribing doctor's directions
- Stop anti-inflammatory medicines (ibuprofen, Advil®, Motrin®, Naprosyn®, Aleve®, etc.)
- Stop nutritional supplements and drinks (Vitamin C, ginseng, ginkgo biloba, etc.)
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper healing of tissues
- **Do not eat or drink anything after midnight evening before surgery**

Postoperative Course

- Crutches/non-weight bearing for approximately six weeks
- Splint and hinged knee brace for four weeks with knee locked straight, then gradually open brace to allow more motion (total brace time is eight weeks)
- Keep the wound clean and dry for the first ten to 14 days after surgery. Showering lightly is allowed after two weeks but the wounds cannot be submerged under water for three weeks
- Driving after six weeks (if right lower extremity is involved)
- Return to school/sedentary work in less than one week as long as the extremity can be elevated
- Physical therapy to restore motion, strength and proprioception (balance) up to four to six months
- After the knee is fully rehabilitated, **Dr. Chudik's Functional Capacity Knee Evaluation** is performed to determine that the knee is fully rehabilitated and more importantly, that any errors in movement patterns (indicating knee injury risk) are corrected and the patient can return to activities safely

Return to Activity

- Return to walking and regular daily activities once off crutches (six weeks after surgery)
- Start running at about three months post-op. Return to sports at four to six months post-op

Scheduling Surgery

Call Dr. Chudik's surgery scheduler at 630-324-0402, or email *contactus@chudikmd.com* to:

- Schedule the date and location of surgery. The hospital will call the day before with the time
- Schedule a preoperative appointment
- Schedule a postoperative appointment to remove sutures and review postoperative instructions

Notify My Office If Symptoms Worsen

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