

STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Non-Hardware, All-Suture Patella Fracture Repair

Indications

Patellar fracture is a complete or incomplete fracture (break) of the patella (kneecap). The patella serves as an attachment point for the powerful quadriceps' tendon to straighten the knee, stand, squat, and jump. When the patella is fractured, there is a loss of continuity between the quadriceps muscles and the tibia (lower leg bone). Therefore, the patient is unable to straighten his/her knee or walk normally without the knee giving out. If the patella fracture is severely displaced, surgery is necessary to repair the patella and restore normal knee function.



X-ray image of a displaced, comminuted patella fracture.

Contraindications

- Inability or unwillingness to complete the postoperative program or to perform the rehabilitation necessary
- Infection of the knee (current or previous; not an absolute contraindication)

Potential Risks and Complications of Surgery

- Infection
- Swelling or continued pain of the knee
- Knee stiffness (loss of knee motion) or muscle weakness
- Accelerated patellofemoral joint arthritis
- 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 which is rare)



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Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- General anesthetic, femoral block (See *Your Surgical Experience* booklet)

General Surgical Technique

The goal of the surgery is to repair and realign the fractured patella fragments and restore normal knee mechanics. In surgery, Dr. Chudik identifies the patella fracture fragments through a limited incision just over the front of the knee. Once identified, he creates small channels through the patella fragments and passes strong sutures through the tunnels and ties them to realign the fragments anatomically. Most orthopaedic surgeons use metal hardware such as pins, screws, wires and sometimes plates to repair patella fractures. However, Dr. Chudik's technique avoids using metal hardware which is associated with hardware impingement and irritation of tissues, sensitivity to direct contact, knee pain and second surgeries to remove the hardware. With the all-suture repair, these painful complications and the need for hardware removal operation are avoided.

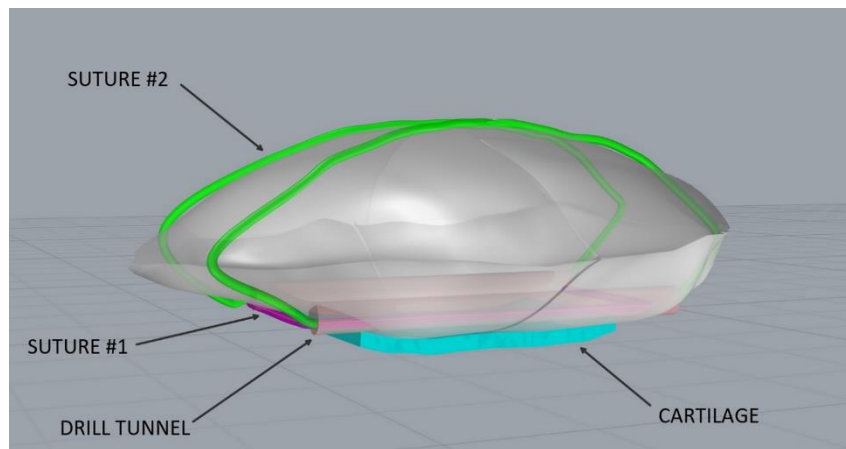
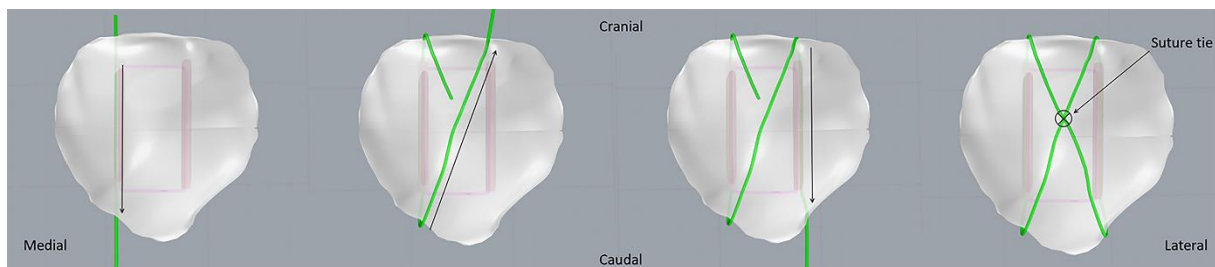


Diagram displaying the tunnel and suture placement used to repair displaced, comminuted patella fracture using Dr. Chudik's novel Non-Hardware Patella Fracture Repair.



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Suture only surgical fixation
of fractured patella



Surgical fixation of fractured
patella with traditional hardware
by another surgeon

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®], Eliquis[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Do not eat or drink anything from midnight, the evening before surgery

Post-Operative Course

- A post-op hinged knee brace for eight weeks (locked straight for the first six weeks)
- Keep the wound clean and dry for the first 10 to 14 days after surgery. Showering lightly is allowed after two weeks but wounds cannot be submerged under water for three weeks
- If right lower extremity is involved, driving after six to eight weeks and when strength and motion allows
- 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) for up to four to six months.
- **Dr. Chudik's Functional Capacity Evaluation** to ensure not only that your knee is fully rehabilitated.



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Return to Activity

- May walk immediately with knee locked straight in brace
- Return to walking and regular daily activities once brace is opened up to allow motion at six weeks after surgery
- Return to running at about three months post-op
- Return to sports at four to six months post-op depending on level of activity

Scheduling Surgery

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

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment for 10 to 14 days after surgery to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen



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