# Chondromalacia of Patella

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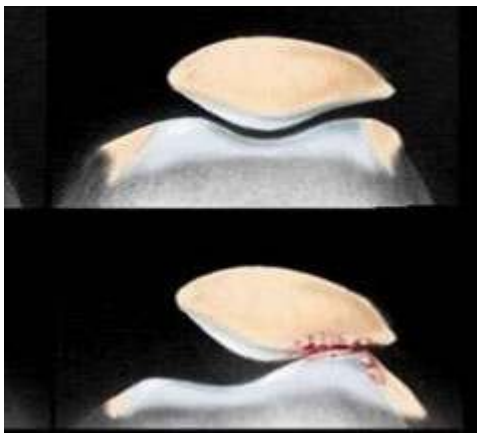
Sometimes the bands of tissue that hold your kneecap in place can become too tight on one side and pull the patella out of the groove in the femur. This causes pain on stairs, squatting, kneeling and getting out of a car. The pressure may cause softening of the kneecap surface (chondromalacia of the patella).



If this occurs your physician may prescribe physical therapy exercises, orthotics and patella bracing or taping to correct the problem. If all of the conservative measures fail to help you, you may require surgery. The surgery is called **Lateral Release** and for the proper indications it can help reduce the pain dramatically. This procedure is done to allow the patella to shift back to a more normal position and relieve the pressure on the articular cartilage. In this operation, the tight ligaments on the outside of the patella are released to allow the patella to slide more towards the femoral groove.

Connecticut Orthopaedics

# Lateral Release Surgery for Patellofemoral Problems

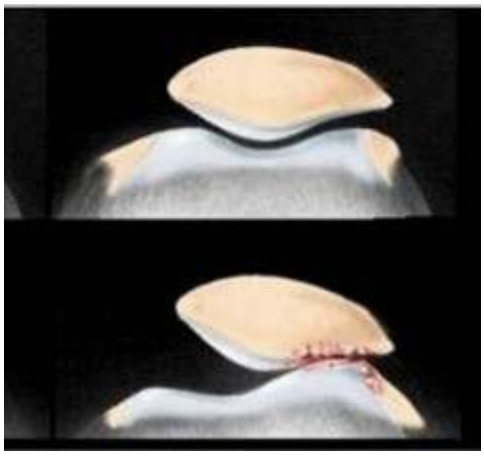

The patella or kneecap is the moveable bone on the front of the knee. The patella is wrapped inside a large tendon that connects the large muscles on the front of the thigh, the quadriceps, to the lower leg bone. The underside of the patella is covered with articular cartilage, the smooth covering of joint surfaces. This slippery surface helps the patella glide in a special groove of the thigh bone or femur. Together the patella and the groove in the femur are called the patello-femoral mechanism.

Problems commonly develop when the patella suffers wear and tear and underlying cartilage begins to degenerate.

Degeneration may occur as part of the aging process or because of the way the patella moves through the groove in the femur. Remember, the quadriceps muscle controls the movement of the patella and if this muscle becomes weak for any reason an imbalance can occur which causes the patella to pull to one side more than the other. This places more pressure on one side of the underlying cartilage and can cause damage over time.

## Patella Malalignment/Dislocation

The normal patella should track in the groove of the femur in a relatively straight manner, but sometimes the patella can slip out of place due to injury or congenital abnormalities in the shape of the knee. This slippage may be very minor, or you may actually see that the patella is in the wrong position. If it slips all the way out of position this is called dislocation. If it only partially slips this is called subluxation.



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physician may prescribe physical therapy exercises, orthotics and patella bracing or taping to correct the problem. If all of the conservative measures fail to help you, you may require surgery. The surgery is called Lateral Release and for the proper indications it can help reduce the pain dramatically. This procedure is done to allow the patella to shift back to a more normal position and relieve the pressure on the articular cartilage. In this operation, the tight ligaments on the outside of the patella are released to allow the patella to slide more towards the femoral groove. The arthroscopic procedure as routinely performed by Dr. Reznik can be seen on Dr. Reznik's YouTube channel at Youtube.com/DrAReznik.

## Lateral Release Recovery Plan

**Pain Control**: There will be Novocain in your knee. It will wear off and it is important to take you pain meds the first day even if you have no pain. Take pain medication as prescribed by Dr. Reznik. Please call our office with any questions regarding your medication Use ice as needed and elevate leg above heart level. This will decrease swelling and help with a common complaint of "throbbing" pain associated with a lateral release procedure.

**Dressing and Bleeding**: After a lateral release procedure, a moderate – large amount of blood tinged drainage post-op is not unusual. You may need to reinforce the dressing during the first 24 – 48 hours. Applying pressure to area will help reduce this drainage.

**Crutches**: Patients are to use two crutches for the first week, putting light weight on the operative leg with each step. Remember to put your foot flat on the ground even when lightly weight bearing. Increase the weight as tolerated. Advance to one crutch a few days and then a cane if needed. Most patients can be full weight bearing by the end of the first week.

**Return to Work**: People with light work (desk work with no squatting, lifting or kneeling) can return to work within a week. The exception is for people who may have long commutes. By staying still with the leg down for long periods, THEY ARE AT RISK FOR BLOOD CLOTS. Patients with active office work or very light labor with variable tasks can sometimes go back to work at two or three weeks, depending on lifting requirements. Heavy work, (lifting or unprotected heights) cannot usually return before 6 weeks. Most will need to be cleared by their physical therapist.

**Driving**: Right knee patients and left knee patients with a standard transmission car cannot drive until out of the knee immobilizer, off all pain meds and can fully weight bear without pain. Airplane Flights: You may fly 2-3 weeks after surgery on short flights (under 2 hours), 6-8 weeks for longer flights. You should also take an aspirin per day unless allergic. Call our office with any questions.

**Blood Clots**: Those at higher risk of blood clots include those patients who have sedentary lifestyles, long car or train commutes, have a history of prior cancer, women on birth control pills, may be overweight or males over the age of 40. These patients should be taking an at least a baby aspirin per day (unless allergic or sensitive). Doing the exercises (ankle pumps below), using aspirin and at times compressive stockings will also reduce the risk of blood clots. Patients who have a history of clots in the past or three or more of the above risk factors should ask if they should be on a blood thinner post op for at least six weeks.

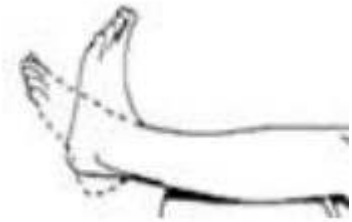
**Call the Physician if:**

- You develop excessive, prolonged nausea or vomiting
- Fever above 101.
- You develop any type of rash
- You experience calf pain

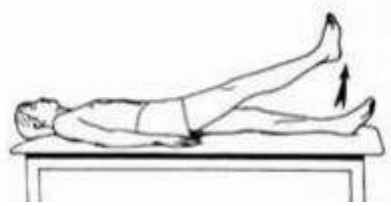
**Lungs**: After surgery you are encouraged to deep breathe and cough frequently (at lease 3-4 times per day). This will reduce mucous from building up in your lungs and will reduce the small risk of developing a post anesthetic pneumonia even further.

**Dressing and Bleeding**: After a lateral release, a moderate to amount of blood tinged drainage (mostly Novocaine used in the knee before during the procedure for post op pain control) is common. Sometimes this is brought on by the first few times the knee is bent or after the first few steps at home. You may need to reinforce the dressing during the first 24 – 48 hours. Applying pressure to area will help reduce this drainage.

**Post-Operative Exercises**: You will start these exercises while still in the recovery room. Then, while resting after the surgery, do the following:



**Ankle Pumps**: Pump your ankle up and down for 1 minute (like pressing on the gas pedal). This will increase circulation and reduce the risk of developing a blood clot. If watching TV, do this during every commercial.



**Straight Leg Raise**: Tighten your quads (muscle in the front of your thigh) with the knee immobilizer on and raise your leg 8 to 12 inches off the bed. Do at least three times a day.

**Weight Bearing**: You may start weight bearing that day of surgery with two crutches as pain allows. You should use two crutches for the first 3 days, then one crutch for 3-4 days and then a cane if needed. Most patients are free of crutches by their first post op visit with Dr. Reznik.


Revised 3/7/11