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Surgical consent for patellar stabilizing procedures including lateral release with or without medial imbrication, MPFL reconstruction, and/or tibial tubercle osteotomy

All surgical procedures are associated with certain risks such as pain, bleeding, infection, scarring, damage to blood vessels or nerves, anesthetic-related complications, thromboembolic complications, and medical complications (such as heart attack, stroke, or death).

- Pain: In an effort to decrease pain you will be adequately anesthetized during surgery and will receive pain medications post-operatively.
- Bleeding: Given the fact that this is minimally invasive arthroscopic surgery, the risk of bleeding is minimal.
- Infection: The risk of infection is approximately 1%. You will receive antibiotics through your IV during surgery. In addition the surgery will be performed under sterile conditions. As a result post-operative antibiotics not routinely administered.
- Thromboembolic complications: Anytime surgery is performed on the lower extremities there is a theoretical risk of developing a blood clot in the legs or the lungs. This risk is approximately 1 in 10,000 cases in routine knee arthroscopy. As a result, the routine use of blood thinners following surgery is not routinely recommended because the risk of developing complications related to thinned blood and excessive bleeding and swelling outweighs the potential benefit of preventing a blood clot. If, however, you have a personal or family history of a blood clot or a clotting disorder, blood thinning medications are recommended; please be sure to discuss this with your surgeon. The use of compression stockings following surgery will help decrease your risk of developing a blood clot. In addition performing exercises, such as foot pumps, will also decrease the risk of developing a blood clot. If, however, you develop calf pain, chest pain, or shortness of breath after your surgery, please notify your surgeon immediately or proceed to the emergency department for further evaluation as these are symptoms sometime associated with the development of a blood clot.

Potential complications more unique to knee cartilage surgical procedures include the following:

- Persistent or recurrent lateral patellar instability: Although surgery is intended to stabilize the patella, surgery is sometimes unsuccessful. It is possible that residual patellar instability may still exist after the surgery.
- Medial patellar instability: Prior to surgery the kneecap tends to dislocate or move laterally (ie to the outside aspect of the knee) during instability episodes. The goal of the surgical procedure is to stabilize the kneecap and prevent it from moving laterally. During MPFL reconstruction this is accomplished by placing a new tissue on the inside aspect of the knee that pulls the kneecap in this medial direction. During medial imbrications, the kneecap is stabilized by re-tensioning the native soft tissue constraints on the inner aspect of the knee. If either the reconstruction or retensioning procedure is performed in an excessive manner, the kneecap may actually dislocate towards the medial (ie inner) aspect of the knee as opposed to the outer aspect of the knee.

- **Fracture:** During MPFL reconstruction bony tunnels are drilled through the kneecap in order to pass the soft tissue graft. It is possible that if excessive stress is placed upon the kneecap before these bone tunnels fully heal there may be a fracture of the kneecap which may require surgical fixation. During the tibial tubercle osteotomy, a portion of the shin bone is actually cut and refixed in a slightly altered position using screws. It is possible that this cut bone may propagate and create a larger fracture of the shin bone before complete healing has occurred. The best way to prevent a fracture from occurring is to be compliant with the post-operative instructions regarding weightbearing restrictions and activity restrictions after the surgery.
- **Hardware-related complications:** During the tibial tubercle osteotomy, a cut fragment of bone is fixed into a new position with screws. It is possible that the screws may loosen or become prominent and become a source of pain. In this scenario, occasionally removal of the screws is recommended and this requires a second surgical procedure.
- **Stiffness:** Stiffness is one of the most common complications following surgical procedures of the knee. In order to prevent stiffness it is important to follow the post-operative instructions including knee range of motion. In addition physical therapy will be prescribed after your first post-operative visit. Attending routine physical therapy sessions and performing a home exercise program on days that you are not in therapy will significantly decrease the risk for developing post-operative stiffness.
- **Injury to the infrapatellar branch of the saphenous nerve:** During surgery, the incision required to access the knee can injure a branch of the saphenous nerve. This nerve provides sensation to the skin adjacent to the incision on the outside aspect of the leg. Often times the sensory loss will decrease with time but may not ever completely resolve. Fortunately, this sensory deficit usually has no functional consequences.
- **Failure to alleviate pain:** It is theoretically possible that the surgery, although technically performed successfully, may not completely alleviate all of your symptoms. This scenario is most likely to occur if there has been cartilage damage to the kneecap or thigh bone as a result of numerous previous patellar instability episodes. Although this cartilage damage may be addressed at the time of surgery, it often times is not completely correctable and there may be residual pain from the cartilage injury.
- **Need for further surgery:** The procedures performed to stabilize the patella are extremely complicated and are unfortunately associated with a failure rate that is higher than with other common orthopedic procedures. If the surgery fails to alleviate pain or provide lasting stability of the kneecap, additional surgical procedures may be recommended in the future. In addition if a complication, such as a fracture or painful hardware, occurs this may also need to be addressed with additional surgical procedures in the future.

Please print and sign your name below if you have read the information listed above and would like to proceed with surgery.

Patient Signature: _____ Date: _____

Printed Patient Name: _____