



Knee MPFL Reconstruction FAQ

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Q: WHAT IS ACCOMPLISHED DURING THE PROCEDURE?

- MPFL stands for Medial Patellofemoral Ligament. This is a structure that secures the kneecap and helps prevent it from dislocating to the outside of the knee.
- The MPFL connects the kneecap to the inside part of your knee at the thigh bone (femur).
- MPFL reconstruction uses tissue from a cadaver to make a new ligament, since your own ligament has been damaged as a result of previous kneecap dislocations.
- MPFL reconstruction involves recreating this ligament with a new piece of tissue. Anchors are used in the kneecap, while a small tunnel is made in the femur. The new ligament is secured in these locations.

Q: HOW DOES THE SURGEON SEE AND PERFORM WORK IN THE KNEE?

- Surgeons use a small camera (called an arthroscope) and small tools to work inside the knee. The camera and tools are inserted through small incisions just below the kneecap. Various tools are used to complete the operation.
- Additional incisions are made at the inside of the knee to allow for accurate placement of the new ligament.
- Sometimes, with certain injuries, additional incisions will be needed. On occasion, some parts of the surgery may be performed with the arthroscope, while other parts may be performed 'open'.

Q: WILL I NEED TO STAY OVERNIGHT AFTER SURGERY?

- No. MPFL reconstruction is performed as an outpatient surgery. You will arrive approximately 1.5 - 2 hours prior to your procedure. Typically, you will be able to return home about two hours after your surgery is over. Please ensure someone comes with you to surgery who will be available to drive you home. If you are a minor, your parent / legal guardian must be present the day of your surgery.

Q: HOW LONG DOES THE SURGERY TAKE?

- Approximately 60 minutes. Surgery time may vary slightly based on the complexity of your injury and procedures required. Dr. Hess will spend the required time to ensure any identified reasons for your symptoms are addressed. In addition to the MPFL reconstruction, sometimes other procedures are needed including repair of cartilage damage, removal of loose bodies or cutting and repositioning of bone below the knee. These additional procedures will add time to the surgery.

Q: ARE THERE RISKS INVOLVED WITH HAVING SURGERY?

- Yes. Every medical procedure has certain risks. Some risks are present with any surgery, including those associated with anesthesia (heart attack, stroke, respiratory distress or failure), and some are more specific to the procedure being performed. Risks of MPFL reconstruction include, but may not be limited to: infection, damage to blood vessels or nerves (causing numbness, tingling, burning, or weakness), blood clots (deep vein thrombosis or pulmonary embolus), stiffness of the knee (which can require additional surgery in some cases), iatrogenic injury (injury to structures caused by surgery), scarring, and residual pain or discomfort.
- There is also the possibility that the kneecap can dislocate again. This risk varies depending on the age of the patient and sports in which they participate. It is possible that additional surgery may be recommended/needed if you reinjure your knee.
- Having a kneecap dislocation does appear to increase your risk of developing arthritis in the injured knee down the road.
- Some complications after surgery are uncommon and can't be predicted in advance.

Q: WILL I NEED TO USE CRUTCHES AFTER SURGERY?

- Yes. Crutches are typically recommended for protection for approximately 1-2 weeks after surgery to protect the healing surgery. Most commonly after MPFL reconstruction, you will be placed in a knee immobilizer that holds the knee straight for the first two weeks after surgery. You may bear as much weight as is comfortable in the immobilizer. Once physical therapy begins, your therapist will help you figure out when it is safe to discontinue the crutches. This typically requires that you have good control of the quad (thigh) muscle, which can take some time. The main goal is to prevent injury to the surgical knee during the early recovery phase. Most patients are off crutches at or around the time of the first follow-up visit after surgery (2 weeks), but some may still require them at that time. Don't worry if you need crutches longer than 2 weeks- remember that everyone's recovery is different.
- In some cases, if more extensive work is done on the knee, crutches may be recommended for 6 weeks after surgery, with weight-bearing limited to resting your foot on the ground (called toe-touch weight-bearing).
- After two weeks, most patients will be transitioned to a different, smaller brace that helps hold the kneecap in place while the healing continues.

Q: HOW LONG IS THE RECOVERY AFTER MPFL RECONSTRUCTION?

- This depends on how we define 'recovery'.
- Also, every individual patient's recovery is different, and may require more or less time than expected.
- Most patients are off crutches around 1-2 weeks after surgery.
- Most patients can return to school or sedentary work around 1-2 weeks after surgery.
- More strenuous work may require more time to return, with the specific time to return depending on the duties of your job.
- Many patients are able to return to limited or light duty 1-2 weeks after surgery.
- A smaller brace kneecap stabilizing brace is recommended at most times for weeks 2-6 following surgery.
- This smaller brace should also be worn during activity for the first three months after return to sports.
- Most patients begin jogging around 3 months after surgery
- Most patients begin lateral movement and agility training around 3-4 months after surgery
- Return to sports is a difficult decision and is highly variable. Most commonly, patients need around 4-6 months to return to full sports participation, with some returning sooner and others later.
- Return to sports activities takes time. Muscles must gradually learn to adapt to higher impact, twisting, accelerating, and decelerating forces. This should not be rushed.

Q: WILL I NEED A BRACE AFTER SURGERY?

- Yes. Initially, a knee immobilizer is placed after surgery. This keeps the knee straight and is used for the first two weeks.
- This should be worn essentially full time (except for time at therapy, doing home exercises, and bathing) for the first two weeks.
- After the first two weeks, a smaller stabilizing brace is used. This should be worn essentially full time while awake for weeks 2-6. You may sleep with or without the brace.

Q: WILL PHYSICAL THERAPY BE NEEDED AFTER MPFL RECONSTRUCTION?

- Physical therapy is HIGHLY recommended after MPFL reconstruction surgery, as there are many important things to monitor and consider during recovery.
- Physical therapy will begin within 1 week after surgery.
- Prior to formal therapy beginning, you should make sure to spend some time out of the brace with the knee fully straight for 10-15 minutes 2-3 times per day.
- The duration of physical therapy will be different for each patient, but will typically last several months, with progressive activities and exercises prescribed as you recover. Initially, the visits are twice per week. This may change over the course of your recovery.
- The assessment of the physical therapist is a very important consideration when deciding if it is okay to return to sports.

Q: WHAT MEDICATIONS WILL BE PRESCRIBED AFTER SURGERY?

- Pain relievers will be prescribed after surgery. These are typically taken less than 7-10 days after surgery. You should plan on not using narcotic pain relievers longer than 2-3 weeks after surgery.
- Tylenol and/or ibuprofen/naproxen can be used once narcotics are no longer required.
- The pain medication will not completely prevent any pain. It is normal and appropriate to have some pain after surgery. The goal of using medication should be to make pain tolerable, not to have no pain.
- The following is a complete list of medications prescribed after surgery, and the purpose of the medication.
 - Norco/Percocet – Taken as needed no more than every 4 hours for pain.
 - Zofran – Taken as needed for nausea/vomiting.

Q: WHEN WILL I HAVE FOLLOW UP APPOINTMENTS AFTER SURGERY?

- Follow up appointments after surgery are important to monitor your progress, assess any limitations or setbacks, and plan your continued care. Typically, you will be seen at the following intervals:
 - 2 weeks, 6 weeks, 3 months, 5 months, 7 months, 9 months, 1 year.
 - Additional appointments may be recommended in certain situations.

Q: WHEN CAN I BEGIN DRIVING AFTER MPFL RECONSTRUCTION?

- Two important criteria exist to begin driving after ACL reconstruction.
- You must be off narcotic medications for a full 24 hours prior to driving.
- You must be safely able to move your foot from the gas pedal to the brake pedal without delay or hesitation. The following guidelines apply only for automatic transmission vehicles.
 - For right MPFL reconstruction, it is recommended to wait until at least 6 weeks from surgery to drive
 - For left MPFL reconstruction, you may drive once off narcotic pain medications.

Q: HOW MUCH PAIN AM I GOING TO HAVE AFTER SURGERY?

- This is a common question, but one that is very difficult to answer. Every patient experiences pain differently. The same procedure may cause drastically different amounts of pain in different patients.
- Key components of controlling pain after surgery include icing the knee, taking appropriate pain medications, limiting activity appropriately, and following recommendations by the physical therapist and Dr. Hess.
- A nerve block is often placed by the anesthesia team during surgery. This block often works for several hours after surgery. As a result, your pain may be well controlled initially, but may increase after the block wears off. This is a normal part of the block wearing off, and shouldn't

be cause for concern in most cases. When you start to feel tingling in the leg, this is an indication that the block is beginning to wear off. This is a good time to begin taking pain medication.

- If there are concerns about pain control, please bring them up with Dr. Hess prior to surgery or call Tracey after surgery. Dr. Hess can return phone calls if needed.

Q: WILL MPFL RECONSTRUCTION ALLOW MY KNEE FULL RANGE OF MOTION ONCE RECOVERED?

- In most cases, range of motion of the surgical knee recovers to full motion, or very close to the uninjured knee. However, as discussed above, stiffness is one of the associated risks.
- Physical therapy is critical in preventing and treating stiffness of the knee after MPFL reconstruction. Most cases of stiffness can be improved by therapy and home exercises.
- Complete extension (straightening of the knee) is extremely important after MPFL reconstruction. Your therapist will work hard with you to make sure you achieve full extension as quickly as possible after surgery.
- It is important that you also spend time every day (outside of formal therapy) during early recovery doing the prescribed exercises to improve your range of motion.

Q: WHAT DO I DO WITH THE DRESSINGS AFTER SURGERY?

- It is recommended that you leave the surgical dressings in place, undisturbed for 2-3 days after surgery.
- Following this, the ACE bandage, cotton padding and gauze dressings can be removed. Leave any steri-strips that are present in place. The incisions can be covered with waterproof bandaids for showering. Do not submerge the wounds under water (including bath, lake, pool or hot tub) until they are completely healed (typically 2-3 days after removal of stitches).
- The band aids should be changed daily or as needed.
- Some minimal drainage is expected after surgery. If there is more significant drainage, please notify Dr. Hess.
- The ACE bandage or a knee sleeve can be used as desired after removing the post-op dressings.

Q: WILL I BE ABLE RETURN TO THE SAME SPORTS AFTER SURGERY THAT I WAS DOING BEFORE SURGERY?

- In most cases, yes. This can depend on the age and activity level of the patient and the specific sports they are trying to return to.
- Certainly, the goal of MPFL reconstruction is to restore the function of your knee to a point that you are able to participate in any activities you would like. However, in some cases pain, stiffness, residual instability, nervousness about reinjury or other factors can prevent return to some activities.

Q: WILL I GET ARTHRITIS IN MY KNEE?

- Maybe. The goal of the surgery is to correct the stability of the knee to allow it to function more normally. However, this does not change the fact that the knee sustained some damage when the original injury occurred. Most studies show that there is a higher risk of developing arthritis years later in the injured knee than the other, non-injured knee. Performing MPFL reconstruction surgery does not appear to eliminate this risk.

Help us improve our care: What other questions would you have liked to have answered?
