

Cartilage Repair Center

Tom Minas, MD, MS
Director
www.cartilagerepaircenter.org

901 45th Street, Kimmel Bldg.
West Palm Beach, FL 33407
P: 844-714-5293 | 561-844-5255
F: 561-844-5245

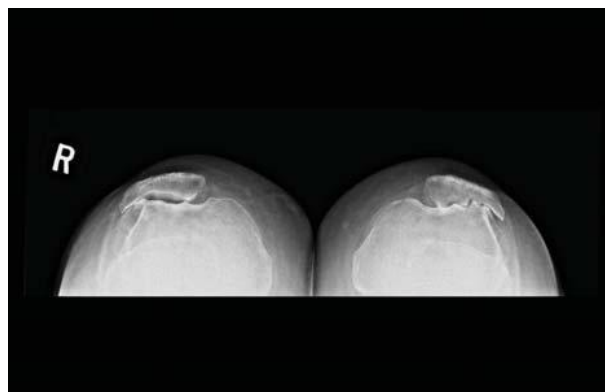
Ash Itinger, Admin Ext 246
www.cartilagerepaircenter.org
www.paleyinstitute.org

What is a Patellofemoral Replacement?

A patellofemoral replacement is a surgical procedure used to treat patients with bone on bone osteoarthritis of the patellofemoral joint. This is the joint surface between the “knee cap” (patella) and the end of the “thigh bone” (femur).

Who is a candidate for a Patellofemoral Replacement?

Patellofemoral replacements are an artificial resurfacing of the patellofemoral joint used to treat patients with isolated bone on bone osteoarthritis of the patellofemoral compartment. Patients with patellofemoral arthritis often present with symptoms of anterior knee pain that is worse with climbing stairs and sitting for prolonged periods of time. Patients will also likely experience a crunching or grinding sensation when doing stairs or standing from a seated position. Patellofemoral replacements are most commonly performed in women in their early to mid-40s through mid-50s. We do, however, perform this procedure in other patient populations based on medical necessity. To determine whether or not you are a candidate for a patellofemoral replacement your surgeon will first obtain plain x-rays to assess areas of bone on bone osteoarthritis. Your surgeon may then have you get an MRI to ensure that the other areas of your knee are normal. If there are any irregularities in the other compartments of your knee you may have to discuss alternate treatment options with your surgeon.



What will happen during my surgery?

Your surgery will be performed using either a general anesthetic or a spinal anesthetic depending on your preference. During your surgery your surgeon will make an open incision along the front of your knee running up and down your leg. Through this incision the damaged area of your joint will be treated. The femoral side of your knee will be resurfaced with a metal plate made from cobalt chrome. The back side of your patella will be resurfaced with a “button” made of polyethylene plastic. Both of these components are held in place using methylmethacrylate cement, (bullet proof glass). Once the cement is hardened and your implant is well fixed your surgical incision will be closed. This will be done using all “dissolving” stitches. This means that you will not have any stitches that need to come out.



What can I expect post-operatively after a Patellofemoral Replacement?

When you awake from surgery you will have a brace on your leg that will keep your leg straight. It will be important for you to wear this brace at all times when you are up and about until your quadriceps muscles allow a good straight leg raise (SLR). You do not have to wear your brace to sleep. You will also be given crutches. You will be able to fully weight bear on your operative leg immediately following surgery however, it is a good idea to use your crutches for support as your muscles will be weak following surgery. You will use your crutches anywhere from 1-3 weeks depending on your muscle strength. You will spend from 1-2 nights in the hospital based on your comfort, mobility and pain control. Do plan on spending one night. This time in the hospital also allows you to also meet with physical therapy and get some early exercise and crutch training. You will begin working with a physical therapist in the first few days following surgery. You can elect to have a visiting physical therapist come to your home for the first 1-2 weeks, but it is best if you may make arrangements at an outpatient physical therapy office as they have more methods and equipment to speed up your recovery, maximizing your range of motion (ROM), strength and mobility weaning off crutches quickly, 2-4 weeks. After surgery you will use a baby aspirin twice daily for 3 weeks to prevent blood clots, (81mg 2x/day x 3 weeks). This is done as a preventative measure for all of our patients to help prevent blood clots following surgical intervention.

How will my pain be controlled after surgery?

Immediately following surgery during your inpatient stay your pain will be controlled using IV pain medication. During your inpatient stay one of the goals of your care will be to

transition you from IV pain medication to oral pain medication. This is often achieved by day one after surgery. You will be sent home from the hospital with a prescription for oral pain medication to be filled at your local pharmacy. The most commonly prescribed post-op pain medications include Oxycodone, Dilaudid, or Vicodin. Most patients will require regularly scheduled doses of pain medication (every 4-6 hours) for the first one to two weeks. Following week 2 you will begin to decrease your pain medication use to prior to physical therapy and prior to bedtime. Cold ice therapy is very effective for pain without medication side effects. Cryocuff™, Ossur™ continuous cold ice flow and Game Ready™ continuous ice flow compression therapy are all effective to increasing degrees. Most patients will not require any pain medication past week 4-6 weeks. You will need to come to the office to refill pain medication once a week. Florida State Law doesn't allow us to mail prescriptions or refill pain medication without an office visit. We are only allowed to give a week of pain medication at a time. Be sure to follow the directions carefully. It is important to know how to obtain your pain medication refills appropriately and in a timely manner.

When will I follow-up with my surgeon after surgery?

Your first post-operative visit will take place 2 to 3 weeks after your surgery. This appointment is critical for checking your incision healing and range of motion as well as to answer any questions you may have in the first few weeks following surgery. You will then follow-up 6 weeks, 12 weeks, 6 months, and one year after surgery. At one-year post-op you will discuss with your surgeon your return to higher level activity. After your first year you will follow with your surgeon on a yearly basis.

What restrictions will I have following this procedure?

Once you have fully recovered from your surgery your only restriction will be in regards to impact loading activities. You will not be permitted to run or participate in jumping activities after a patellofemoral replacement. This is a lifelong restriction as your implant is a mechanical part and excessive pounding activity may cause the implant to fail prematurely. You will still be able to be very active with following surgical intervention. Approved activities include things such as walking, swimming, biking, elliptical trainer, golf, doubles tennis, hiking, skiing, and skating.

In addition, you must use antibiotic prophylaxis against an infection for life. This includes all dental cleanings and work, colonoscopies and any active bodily infection must be treated aggressively such as a strep throat, bladder infection, cut on the operated leg that looks infected etc. to avoid a spread of the infection to the knee with the prosthesis. Your primary care MD or dentist should give you the antibiotic one hour prior to the elective procedure.

Frequently Asked Questions

How do I get insurance approval for surgery? Your insurance approval will be handled by your surgeon's finance office. Often you do not need to do anything but wait for the administrative assistant to contact you to let you know you have been approved. In some instances, appeals need to be made to your insurance company for denial of services, if this is the case the administrative assistant will contact you and instruct you on how to proceed.

How long is my insurance approval good for? Most insurance approvals are good for a few months from the date of approval.

When will I start physical therapy? You will start physical therapy beginning the day after surgery in the hospital this will be continued once you are discharged initially as an in-home setting, progressing quickly (1-2 weeks) to an outpatient clinic.

What will I do during physical therapy? The primary goal of physical therapy is to initially increase ROM so that you do not get stiff following surgery. You will then begin to work on increasing strength after surgery. You will be provided with a detailed protocol of what you should and should not be doing at each post-operative phase. You will provide this to your physical therapist.

When do I need to wear my brace? You will need to wear your brace anytime you are up moving around on your crutches as long as you have weakness in your muscles. If you are having any difficulty with fully straightening your leg after surgery your surgeon may require you to sleep with your brace at night as well. You will use your brace for approximately 1-2 weeks on average.

How long will I need to use my crutches? Depending on how quickly your muscle strength returns you will likely only need to use your crutches for a period of approximately 3 weeks. You may come off your crutches sooner than 3 weeks if you feel comfortable to do so.

When can I drive? For patients undergoing right leg surgery you may not return to driving until you have discontinued using your crutches (approx. 3 weeks). For patients undergoing left knee surgery that do not drive standard transmission vehicles you may return to driving between 1 and 2 weeks when you are no longer taking pain medication.

When can I shower? You may shower 5 days after surgery but may not submerge your incision in a pool, hot tub, bathtub, lake or the ocean for 3 more weeks.

When can I go back to work? This will be different for each patient and depends largely on the type of work you do. Most patients who work in a sedentary position or desk work will be back to work by 6 weeks. Those patients who work in more labor intensive jobs may be out of work for up to 12 weeks.

When can I resume my regular activity? Return to regular activity depends highly on each individual patient's definition of regular activity. Non-impact activity such as walking, swimming, bike riding, and elliptical trainer can all be resumed by 3-4 months. Higher level activity such as hiking and skiing may require 6-9 months before they can safely be resumed.

Will I need to stay in the hospital? You may be required to spend 1-3 nights in the hospital.

I don't like how narcotic pain medication makes me feel, can I take something else?

You may use Tylenol (acetaminophen) for pain control following surgical intervention. However, you should refrain from using any anti-inflammatory for the three months following surgery as it can slow the healing of your bone. These anti-inflammatory medications include medications such as Advil, Aleve, Ibuprofen, Naproxen, and Celebrex.

Who do I call if I have a question prior to my appointment? If you have questions regarding your upcoming surgery you may call your surgeon's nurse practitioner or research assistant.