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Anterior (Front) Knee Pain & Knee Cap Instability Frequently Asked Questions

Why am I getting pain?

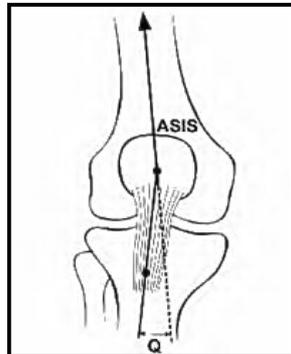
Your patella (knee cap) is not sitting centrally within its groove. Either it is tilted to one side, or it may be tracking abnormally so that it is not central or a combination. This results in excessive pressure on the lining of the joint, leading to pain. This pressure is increased when the knee is bent, such as during stair climbing, squatting and sitting.

What can be done?

The simplest and best treatment involves **physiotherapy and exercises** to stretch the tight tissues and strengthen the muscles around the knee so that the patella comes back to the correct place. In the majority of cases this can treat the problem. It is only after a full course of specific physiotherapy that surgery may be considered.

The most common surgical procedures are:

1. A **lateral**



release can be performed to divide the tissue and help rebalance the patella.

2. Re-alignment of the patella tendon involves shifting of the bony insertion of the tendon (**tibial tuberosity osteotomy**)
3. A **Chondrocyte transplant or re-surfacing of the joint surface** may be added to repair the damaged tissue. It is only indicated when there is severe damage to the joint surface and is not usually needed.



What is the recovery like after the operation?

The recovery is slower than for a simple knee arthroscopy (keyhole surgery). It takes up to 6 months to allow the muscles to strengthen with physiotherapist supervision. You will need stay in hospital for 2 to 3 nights. For the first week you will need to stay at home. If you have a desk job you may return after the first week. You will need to avoid heavy work for 2 to 3 months depending upon the surgery. You will not be able to drive a car until you have been reviewed by your Doctor after your surgery.

What are the complications?

The main complications are bleeding and swelling. This happens when there is bleeding from the divided tissues. The problem can be greatly reduced by using ice and resting for the first few days after surgery. A drain is also placed in the knee for the first 24 hours to help remove the blood. Other complications that can occur include infection or blood clots (DVT); but these are unusual.

What is the success rate?

The overall success rate of this type of surgery is about 70%. Anterior knee pain is a difficult condition to treat. Even when surgery is successful it often does not remove all the pain, but rather reduces its severity. To maintain good results you will need to continue an exercise program in the long term.