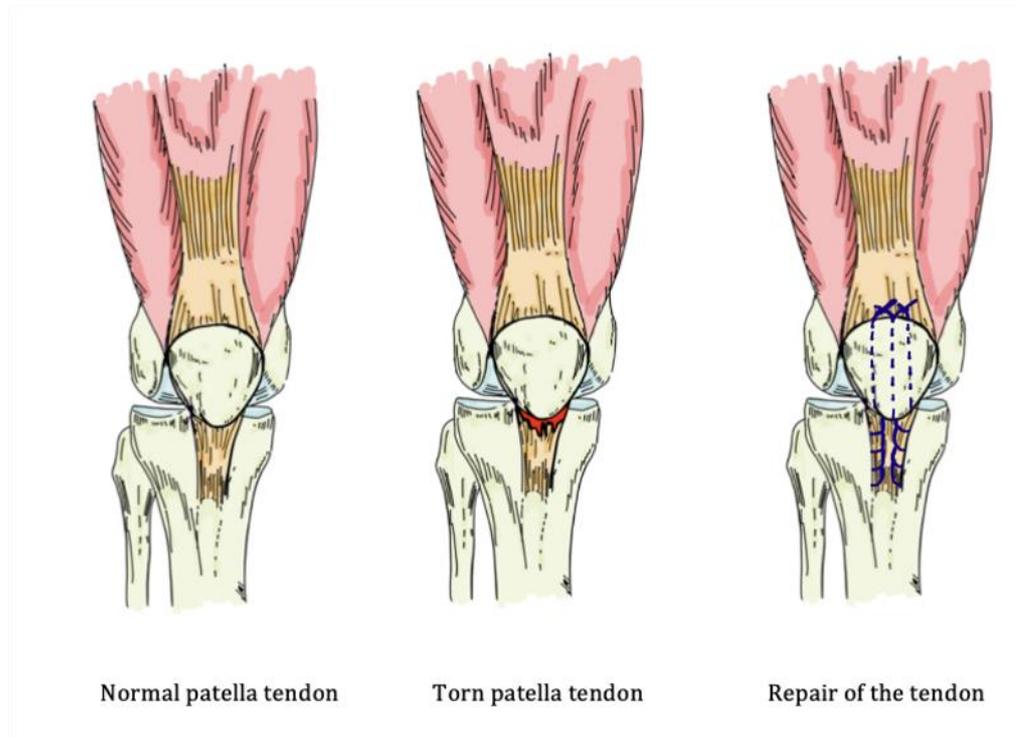


Looking after your Knee following Patella Tendon Surgery

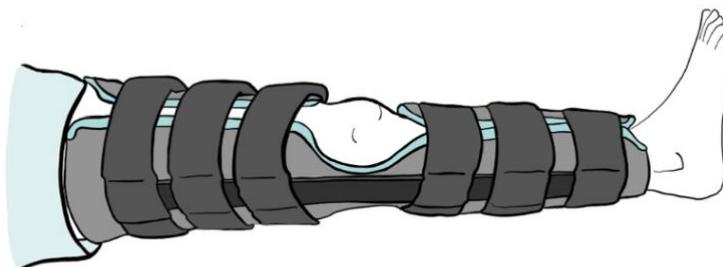
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The large thigh muscle known as Quadriceps is attached to the knee-cap by an important tendon known as the Quadricep tendon. The Knee-cap is connected to the lower leg by the patella tendon. This can be injured and torn. If this happens, knee surgery is often required.

Dr Stevens will assess your knee and often order an MRI scan to gain information about the injury.



A tear in the Patella tendon may require surgery. If the tear can be fixed then surgery to place sutures to hold the tendon in place can be performed. Surgery is normally completed by placing sutures into the tendon and passing them through the knee-cap bone. Prior to surgery you will need a Zimmer knee splint.



Knee splint and elevation maybe required

Discharge home: After your surgery you will stay in recovery until you can sit up and safely begin to move around. You will need to spend at least one night in hospital. When you are comfortable you can be discharged home with pain relief tablets.

Pain relief: After surgery it is normal to have some pain or discomfort. The amount of surgery you have had will influence how much pain you can expect and how long you will need pain relief for. You will be given pain relief tablets to take home with you when you leave the hospital. Take these over the next to take for two or three days as you need.

Looking after the Bandage: There will be a dressing over the surgical incision on the front of the knee. You will have a white soft bandage and then a crepe bandage over this. This helps to keep compression on the knee as it heals.



You will need to keep the bandage clean and dry. The Crepe and Soft Bandage can come off when they get loose. You may want to re-wrap your knee, otherwise you can discard these bandages. Keep the dressings that cover your wounds dry for the first 2 weeks.

Movement after surgery: You can move your foot, ankle and hip straight away after surgery. Your knee will slowly be able to bend in the days that follow your operation.

Often a hinged knee brace will be applied to stop the knee bending too much. It is a good idea to keep moving even after your surgery, it helps your blood circulation and stops your body getting too weak. Avoid any strenuous activity for the first 2 weeks, but gentle walking and exercise is helpful.



When you are resting or sleeping try to keep the leg straight and elevated on some pillows.

Wound review: After 2 weeks you will have an appointment with Dr Stevens to have your wound checked, any stitches will be removed. Dr Stevens will then give you advice on exercises and physiotherapy.

Physiotherapy: Physiotherapy may be needed for your knee to keep it moving and get it strong again, but do not start this until you have had your appointment with Dr Stevens at 2 weeks.

Driving: You cannot drive until you have had your first review appointment with Dr Stevens. He will give you an indication then when you are likely to be able to drive again.

Returning to work: This depends on the type of work you do. Most surgeries will need 4-6 weeks off work, some will require longer, especially if you have a manual job.

As with all surgery, there are risks with performing surgery on your torn tendon. These include infection, delayed healing or wound problems. Difficulty with pain and range of movement may also occur. Further injury to the repaired tendon is a possibility in the future and knee arthritis may occur as a result of the injury.

- + Fever
- + Heavy bleeding or ooze from the wound
- + Increased swelling and redness around the surgery site
- + Pain in the calf muscles or difficulty breathing

If you have any of these problems, please call Dr Stevens or his rooms on **03 5752 5020**