



Nigel Donnachie

Consultant Hip & Knee Surgeon

PATELLO-FEMORAL RESURFACING

A patello-femoral resurfacing may be considered when the back of your kneecap (patella) and the track along which it runs, (the trochlea) become so badly worn that you experience pain which interferes significantly with your quality of life and which cannot be controlled with simple measures such as painkillers.

What does the operation involve?

The operation takes place under a general anaesthetic or spinal anaesthetic and takes approximately one hour.

In order to resurface the worn parts of the knee a measured amount of bone is removed from the centre of the end of the thighbone (femur) and the back of the kneecap (patella).

You will keep your own kneecap (patella) but the area that is worn and causing pain will be removed and replaced with a plastic "button". The worn area at the centre of the thigh bone is also removed and this area is resurfaced with a metal component, which allows the "button" covering the back of your kneecap to run freely against it.

What are the benefits of patello-femoral resurfacing?

A successful patello-femoral resurfacing will give relief from pain in the knee and should allow sufficient movement in the knee joint for you to undertake most normal activities. The overall aim of surgery is relief of pain in the knee.

Please note that the majority of patients who undergo patella-femoral resurfacing find it uncomfortable to kneel afterwards. This is normal but you should bear this in mind when deciding whether to proceed with surgery, especially if your work or hobbies require you to kneel.

All patients who undergo patella-femoral resurfacing will be left with a numb patch on the outside of the knee. This is normal and is not a cause for concern.

What are the possible complications?

Depending on the condition of your knee prior to surgery, a good result can be expected in approximately 95% of cases. However, some patients face a higher complication rate than



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others, which will reduce the chances of a good result. Mr Donnachie will warn you if this is the case.

The following risk factors exist for any patient undergoing total patello-femoral resurfacing:

- Medical risks e.g. Heart attack, stroke, clots in the leg (deep vein thrombosis) or lung (pulmonary embolism)
- Infection in the wound, or in the knee joint itself
- Wear / loosening of the artificial components which have been implanted in the knee
- Excessive bleeding
- Stiffness/reduced movement in the knee
- Re-operation
- Death

High risk groups

There are some people who come under the category of high risk and these include people who:

- Have had multiple operations to the affected knee
- Have had previous infection within the knee
- Have inflammatory arthritis, rheumatoid arthritis or psoriasis
- Have major medical problems
- Take certain drugs such as steroids or immunosuppressant medication



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What is the alternative to surgery?

Patello-Femoral resurfacing is only recommended when it is felt that non-surgical interventions such as pain killers, anti-inflammatory drugs, exercises or cortisone injections would no longer offer any significant benefit. However, ultimately the decision to undergo surgery is yours as only you know the extent to which your symptoms are affecting your day to day activities.

Recovery

You will start to move your knee on the day of or the day after your operation. Your physiotherapist will advise you when to do this and will provide you with specific exercises to perform whilst in hospital and when you go home. These exercises may be painful at first but they are an essential part of your post-operative recovery and if they are not performed you face a high probability that your patello-femoral resurfacing will not be as successful as you had hoped.

You will remain in hospital for approximately 1 - 2 days after surgery. You will be walking without assistance before discharge but most patients require a walking stick for support during the first few weeks. It is expected that you will be able to manage independently at home although you will not be able to drive for six weeks after the operation so it is helpful if you have someone available who can help with activities such as shopping at first.

You play an important part in your recovery. Whilst the physiotherapy, nursing and medical staff provide important advice and support, only you can get the knee moving.

Most patients report some immediate benefit from surgery but overall recovery can sometimes feel slow and this can be a little frustrating. The first three to four months after discharge involve a lot of hard work on your part in order to get the knee working properly. It is therefore important that you are well motivated and committed to working hard both in hospital and following discharge.

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