

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet – Patella Fracture Fixation

1. Introduction

- 1.1. The patella is the largest sesamoid bone in the human body. It is located within the extensor apparatus of the knee. Patellar fractures are mostly caused by direct trauma to the front of the knee, for example, a direct fall, or a blow onto the flexed knee.

2. Procedural Preparation

- 2.1. A written consent is required.
- 2.2. Inform your doctors about your drug allergy, current medications or other medical conditions for pre-operative assessment.
- 2.3. Fast for 6 to 8 hours before the operation.
- 2.4. May require hair clipping near the incisional site.
- 2.5. Change operation gown and empty bladder before heading to operating theater.
- 2.6. Pre-medications, intravenous drip, or antibiotic prophylaxis maybe required according to doctor's prescription.
- 2.7. Perform tests including blood tests, x-ray, CT scan...etc. as suggested by the doctor.

3. Procedure

- 3.1. The operation is performed under regional or general anaesthesia.
- 3.2. Patellar fractures should be considered for open reduction and internal fixation. When it is decided that the whole patella is too fragmented to be salvageable, a patellectomy may have to be considered.
 - 3.2.1. Open reduction and internal fixation: Tension band wiring may be used in combination with cerclage wiring and/or lag screws.
 - 3.2.2. Patellectomy: In some fractures, excision of the middle section of the patella can be performed and the remaining fragments reduced to give a new mini patella. Some may require a total patellectomy or arthroplasty at a later date.
- 3.3. Wound drain may be placed to drain out fluid if necessary.

4. Recovery Phase

- 4.1. After operation, you may feel dizzy, tired, or nausea. You may also have sore throat or headache but they will subside after a few days.
- 4.2. Diet can be resumed as per doctor's order, usually from fluid diet to normal diet.
- 4.3. Pain relief medications are provided as needed for wound pain.
- 4.4. Oral, intravenous or intramuscular analgesic as require. Pains usually settle down quickly after 2 to 3 days.
- 4.5. Cryotherapy and elevation to control swelling.
- 4.6. Few days after operation, most patients can use walking aids for mobilization exercise; some may require hinge knee brace.
- 4.7. After the fracture is fixed, some may require external cast for 2-4 weeks. Start with non-weight-bearing walking. When cast is off, returning to weight bearing exercise and muscle training.
- 4.8. Early mobilization as tolerable is suggested to minimize the risk of pneumonia and blood clot in the legs.
- 4.9. If there is a drain, it will usually be removed after 1 to 3 days.
- 4.10. Stitches (if present) will be removed on day 7 to 10.

5. Possible Risks and Complications

- 5.1. Complications for general major operation and anaesthesia may include myocardial infarction, myocardial ischaemia, stroke, deep vein thrombosis, pulmonary embolism, allergic reaction, etc.
- 5.2. Common Risks and Complications
 - 5.2.1. Wound infection, swelling and bleeding
 - 5.2.2. Wound breakdown, pain and keloid formation

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6. Discharge Education

7. Remark

8. References

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Name:

Date: _____

