ROBERT PETTIT, MD

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KNEE · PREPARING FOR SURGERY

Preparing for Your MPFL Reconstruction

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

Cartilage defect on the femur — surgery stimulates a healing scar-cartilage patch over the damaged area.

01 A MESSAGE FROM DR. PETTIT

Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. MPFL Reconstruction is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your upcoming surgery, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR MPFL RECONSTRUCTION

The medial patellofemoral ligament (MPFL) is the checkrein that keeps your kneecap from sliding outward. After dislocations it is stretched or torn. MPFL reconstruction rebuilds it with a graft anchored to the kneecap and femur, restoring the checkrein and stopping instability.

It is an outpatient procedure, often combined with arthroscopy to assess cartilage, taking about an hour.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Reconstruction is recommended after recurrent kneecap dislocations, or a first dislocation with a loose cartilage fragment or high re-dislocation risk, when bracing and therapy have not restored confidence in the knee. If your anatomy also contributes (a shallow groove or malalignment), we will have discussed whether any bony procedure belongs with it.

04 RISKS TO UNDERSTAND

Serious complications are uncommon, and we take specific steps to prevent each of these — but you should know them:

- Re-dislocation (uncommon after reconstruction — a few percent)
- Stiffness, particularly loss of flexion — the graded motion protocol prevents it
- Kneecap pain or graft over-tension (technique-dependent; positioning is verified during surgery)
- Infection (under 1%)
- Growth-plate considerations in young patients — femoral fixation is placed to respect them
- Blood clots and anesthesia risks

05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required

— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery

— but never stop a prescribed medication without instruction from the prescribing doctor

— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery

— this is especially important for tendon, ligament, cartilage, and bone healing

— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night

— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time

— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.

— Stop NSAIDs and blood thinners as directed

— Arrange a ride home and help for the first few days

— Follow fasting instructions before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

You will go home the same day in a hinged knee brace.

- Weight-bearing as tolerated in the brace with crutches early.
- Motion begins promptly per protocol (commonly 0–90° in the first weeks, then advancing).
- Quad activation from day one — straight-leg raises in the brace, quad sets.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** As tolerated in the brace with crutches for 1–2 weeks.
- **Brace / sling:** Hinged brace ~4–6 weeks, unlocking as quad control returns.
- **Physical therapy:** Within the first week. Protocol: robertpettitmd.com/protocols/mpfl.html · PT protocol: robertpettitmd.com/pt-protocols/mpfl-reconstruction.pdf
- **Driving:** Left knee: off opioids. Right knee: typically 2–4 weeks, once brake response is confident.
- **Work:** Desk 3–7 days; standing work 3–6 weeks; heavy labor ~3 months.
- **Follow-up:** Wound check 10–14 days.

09 COMMON QUESTIONS

When can I return to sports?
Typically 4–6 months: full motion, quiet knee, and hop/strength testing near the other side — cutting and pivoting sports last.

Will my kneecap dislocate again?
Reconstruction has a low re-dislocation rate (a few percent). If bony anatomy strongly contributes, we address that too — which we will have discussed.

Where does the graft come from?
Usually a soft-tissue graft (commonly allograft or a hamstring tendon); we will have reviewed the choice for your case.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/mpfl-reconstruction.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.