ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

KNEE · PREPARING FOR SURGERY

Preparing for Your Tibial Spine Fracture Fixation

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. Tibial Spine Fracture Fixation 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 TIBIAL SPINE FRACTURE FIXATION

The tibial spine is the bony bump inside the knee where the ACL attaches. In some injuries — most often in young athletes — the ACL stays intact but pulls its bony attachment off. Arthroscopic fixation reduces the fragment back into its bed and secures it with strong sutures, restoring ACL stability without a reconstruction.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Surgery is recommended for displaced fragments that will not sit in position with the knee extended — fixing the fragment restores the ACL to normal tension and avoids growth-plate-crossing tunnels in young patients. Nondisplaced fractures are managed in extension bracing with close follow-up.

04 RISKS TO UNDERSTAND

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

- Stiffness — the most common issue after this injury (surgery or not); the early-motion protocol exists precisely to prevent it
- Infection (under 1%)
- Residual ACL laxity if the fragment settles — uncommon with modern suture fixation
- Growth-plate considerations in skeletally immature patients — the technique is designed to respect them
- Hardware/suture irritation needing later arthroscopic attention (uncommon)
- 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.

- Motion within the protected range begins early — preventing the stiffness this injury is famous for is priority one.
- Weight-bearing is protected in the brace initially and advances per protocol.
- Quadriceps activation exercises start immediately: quad sets, straight-leg raises in the brace.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** Protected weight-bearing in the brace initially, advancing per protocol.
- **Brace / sling:** Hinged knee brace ~4–6 weeks, range progressed at follow-up visits.
- **Physical therapy:** Starts within the first week — motion and quad activation first, strengthening after healing. Protocol: robertpettitmd.com/protocols/tibial-spine-avulsion-fixation.html
- **Driving:** Left knee: off opioids. Right knee: once out of the locked brace with recovered reaction time.
- **Follow-up:** 10–14 days for wound check and X-rays, then to confirm fragment healing.

09 COMMON QUESTIONS

Is this the same as an ACL reconstruction?
No — the ACL itself is intact. We reattach its bony anchor, which usually heals stronger and faster than a graft-based reconstruction.

When can my child return to sports?
Typically 3–4 months, after healing on imaging, full motion, and recovered strength — faster than an ACL reconstruction.

Will the growth plate be affected?
The fixation technique is chosen specifically to avoid crossing open growth plates, and we monitor alignment at follow-up.

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/tibial-spine-fixation.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.