

LATERAL RETINACULAR LENGTHENING

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Arthroscopic knee exam, then lengthening of the tight tissue on the outer side of the kneecap through one small incision
HOW LONG	About 30–45 minutes
ANESTHESIA	Anesthesia with a nerve block for pain after surgery. The anesthesia team will explain their plan
WHERE	Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. You go home the same day
AFTER SURGERY	No brace. Full weight from day 1, with crutches for comfort for about 1–2 weeks . PA visit at 2 weeks . Clinic visit around 6 weeks
PHYSICAL THERAPY	Starts 5 to 7 days after surgery, 2 times a week . Schedule it before surgery

Do these now, before surgery

- **Schedule physical therapy** for 5 to 7 days after surgery. You will get the referral at your pre-op visit.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Get your handicap placard** at a DMV office, using the application from your clinic visit, so you do not have to deal with it while recovering.
- **Get fitted for an ice machine** and stock up on bags of ice.

About Your Condition

The **lateral retinaculum** is a band of tissue on the outer side of your kneecap (patella). It helps control how the kneecap moves when you bend and straighten your leg. When this tissue is too tight, it pulls the kneecap toward the outside of the knee, so it tracks abnormally in the groove of the femur (the trochlea). This is called **patellar maltracking**.

Patellar maltracking causes pain in the front of the knee, especially with stairs, sitting for long periods, squatting, or activity. You may feel grinding or pressure under the kneecap. Over time, abnormal tracking can wear down the cartilage on the underside of the kneecap and lead to arthritis behind the kneecap (patellofemoral arthritis).

This is different from patellar instability, where the kneecap dislocates or subluxates out of the groove. In your case, the kneecap stays in the groove but is pressed too firmly against the outer wall, which causes pain.

Why surgery: surgery is recommended when other treatments have not given enough relief. These include physical therapy focused on the inner quadriceps (VMO), changing activities, bracing, and anti-inflammatory medicines.

About Your Surgery

Lateral retinacular lengthening is an arthroscopic procedure done through one small incision on the front of the knee. It does not cut the lateral retinaculum completely (a "lateral release"). Instead, it **lengthens** the tissue using a technique called a **Z-plasty**. This keeps the tissue intact while reducing the tightness that pulls your kneecap to the outside.

Lengthening keeps the support of the lateral retinaculum while correcting the tracking. A complete release can sometimes let the kneecap shift too far to the inside, causing new problems. Lengthening avoids this.

Arthroscopy first confirms the diagnosis and checks the cartilage. The lateral retinaculum is then carefully lengthened so the kneecap can sit more centrally in the groove. I check the correction during surgery by watching the kneecap track in real time.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incisions, continued pain, swelling, bleeding into the knee (hemarthrosis), and incomplete correction of tracking. In rare cases, the tissue can tighten again with scar tissue and need more treatment. We will work together to lower these risks and make your recovery as smooth as possible.

Learn more and watch the videos

My website covers kneecap problems, lateral lengthening compared with a lateral release, and recovery in more detail. merrittsurgery.com/surgeries/patella-dislocation-and-instability



Scan to learn more
and watch videos

The Day of Surgery

What to expect, step by step.

1 A couple of days before

The nursing staff will call to confirm your check-in time and when to stop eating and drinking.

2 Check in

Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.

3 Meet the team

I will meet with you to review the plan, and the anesthesia team will explain their approach.

4 Surgery

When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).

5 Recovery room and going home

You will be monitored until you are awake, have some crackers and juice, and are comfortable. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

After Surgery: What to Expect

Pain, swelling, and limited motion are normal after surgery and improve over time. Unlike many knee surgeries, **you will not need a brace**. You can put **full weight** on your leg from day 1, using crutches for comfort.

The single most important exercise after this surgery is **medial patellar mobilization**: gently pushing your kneecap toward the inside of your knee. **Start within the first 1–2 days** after surgery and continue throughout your recovery. This keeps the lengthened tissue from scarring back into the tight position and is essential for a good result. Your recovery may be faster or slower depending on your overall fitness and any other factors. The key message: **kneecap mobilization and VMO strengthening are the priorities.**

When	What to expect
Weeks 1–2	PA visit at 2 weeks to check incisions and early recovery. Pain, swelling, and limited motion are normal. Full weight as tolerated, with crutches for comfort, usually for about 1–2 weeks. Begin kneecap mobilization and quad activation. PT starts 5–7 days after surgery, 2× a week. Many people return to desk work or school in about 1–2 weeks .
Weeks 2–4	Continue kneecap mobilization and VMO strengthening. Bending should reach 90° or more .
Weeks 4–8	Second clinic visit around 6 weeks. Bending improves to 120° and beyond . Begin functional exercises such as mini-squats, step-ups, and stationary bike. Swelling continues to decrease.
Weeks 8–14	Advance to lunges, leg press, and higher-level strengthening. Most daily activities are comfortable. Continue VMO and quad focus.
Weeks 14–20	Return to sport activities with PT guidance. Full recovery typically takes about 3–4 months for most people.

Driving

- **Right leg:** you must be off crutches, be off narcotic pain medicine, and be able to brake hard. Usually about 1–2 weeks.
- **Left leg:** a few days, once you are off narcotic pain medicine.

Preparing for Surgery

Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.

Physical therapy before surgery (prehab)

Physical therapy before surgery is recommended to strengthen the VMO (inner quadriceps), improve range of motion, and decrease swelling. This prepares your knee for surgery and leads to a faster recovery.

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition
guide

Ice machine: my #1 recovery recommendation

An ice machine is the single best investment you can make for your recovery. It makes icing **20 minutes on, 20 minutes off** easy, without the risk of frostbite, and is far easier than ice bags or gel pads. Our clinic staff can fit you for one before surgery and show you how to get the most out of it. Stock up on bags of ice: the machine can use a bag a day. **Scan the code to learn more or buy one.**



Scan for recovery tools

Get your home ready

- Remove throw rugs or obstacles that might catch a crutch and cause a fall.
- Have clean sheets and comfortable clothes ready.
- Stock the refrigerator with healthy food, and buy bags of ice for the ice machine.

Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow the instructions on when to stop eating and drinking
- ☐ Physical therapy scheduled for 5–7 days after surgery
- ☐ Wear comfortable clothes (sweatpants work well)
- ☐ No perfume or lotion on your skin
- ☐ Remove jewelry or leave it at home
- ☐ Ice machine and bags of ice ready at home for when you return
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

Contact Information

Questions about your surgery	(425) 656-5060
PSCV Surgery Center	(425) 226-2041
Surgery scheduling	(425) 528-7155
Pre-op nurse	(425) 291-1465
Billing	(425) 291-1414
PSCV address	4009 Talbot Rd S, Ste 200, Renton, WA 98055
VMC address	400 S. 43rd Street, Renton, WA 98055