

PATELLA FRACTURE REPAIR (SIMPLE)

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Open reduction and internal fixation (ORIF) of the kneecap through an incision on the front of the knee
HOW LONG	About 1 hour
ANESTHESIA	General anesthesia, with a nerve block for pain after surgery
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	Brace locked straight for walking and sleep, full weight as tolerated, crutches as needed. Bending starts day 1 . PA visit at 2 weeks . Surgeon review at 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.
- **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 Injury

A patella fracture is a break in the **kneecap**, the small, round bone at the front of the knee. It forms the outer surface of the kneecap joint (the patellofemoral joint). The kneecap works like a pulley for the quadriceps muscle (the quad), greatly increasing the force the quad can make to straighten the leg. When it breaks, that pulley stops working.

These fractures usually happen from direct trauma, such as a fall onto the knee, hitting the dashboard, or a direct blow. They can also happen from a sudden, forceful quad contraction, such as catching yourself from a stumble.

Fracture patterns vary. **Nondisplaced** fractures (bone cracked but the pieces lined up) may heal without surgery. **Displaced** fractures (pieces separated) need surgical repair. **Comminuted** fractures (shattered into several pieces) are the most complex. **Open** fractures (bone through the skin) are an emergency.

X-rays confirm the diagnosis, and CT scans help with complex patterns. The key question is whether the **extensor mechanism** (the system that straightens your knee) is intact. If you can actively lift your straight leg, it likely is. If you cannot, it needs to be restored.

Your fracture: a simple pattern (a straight break across the kneecap, or only minimally comminuted). It is suitable for stable fixation and the faster simple-fracture rehabilitation plan.

About Your Surgery

The surgery is an **open reduction and internal fixation (ORIF)**. Through an incision over the front of the kneecap, the pieces are put back in the correct position and held with hardware: usually screws, tension band wiring, or modern suture-based constructs. The fixation is chosen based on the fracture pattern.

The goal is a stable repair, with the bone lined up exactly, that allows **motion to start on day 1** after surgery. Stiffness is one of the most common problems after a patella fracture, and early motion is essential to prevent it.

The hardware sits just under the skin over the front of the kneecap, so kneeling or direct pressure can be uncomfortable. About **20–40%** of people choose to have it removed once the fracture is fully healed, usually at one year or later. It is a short outpatient surgery.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incisions, continued pain and swelling, hardware irritation, loss of fixation, arthritis after the injury (posttraumatic arthritis), and the need for more surgery. We use a nerve block and a pain plan after surgery to keep narcotic use as low as possible.

Learn more on my website

My website covers patella fractures, how they are repaired, and what recovery looks like in more detail. merrittsurgery.com/surgeries/patella-fractures



Scan to learn more

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, have some crackers and juice, and get help changing into your clothes. Then you will 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, limited motion, and stiffness are normal after surgery and improve over time. Your brace will be **locked at 0° (fully straight) for all walking and sleep**. You can put **full weight on the leg as tolerated from day 1** with the brace locked, using crutches as needed for balance.

Bending starts on day 1. Simple fractures can start motion right away because the fracture pattern and the fixation are stable enough. Bending increases about **10° a week**, reaching **90° by week 6**. **Waking up your quad is the #1 early priority.** Your therapist provides electrical muscle stimulation (NMES), starting at your first PT visits. Following the early motion plan while protecting the repair is critical for the best result.

When	What to expect
Weeks 0–2	Full weight as tolerated with the brace locked at 0°. Bending starts day 1, with assisted heel slides to 50° . Quad squeezes every waking hour. NMES with your therapist at PT. Kneecap glides (all 4 directions) from day 1. Straight-leg raises once quad control allows. Stationary bike once you reach 50° (usually week 2), rocking the pedals and partial turns within the weekly limit.
Weeks 3–6	Bending adds 10° a week, 60° (week 3), 70° (week 4), 80° (week 5), 90° (week 6) . Brace stays locked for walking. Bike with partial pedal turns within the weekly limit, lowering the seat over time. Straight-leg raises with light resistance. Surgeon review at week 6 to check healing and unlock the brace.
Weeks 7–12	Brace unlocked and weaned as your walking returns to normal. Full weight without the brace. Resisted knee straightening begins once X-rays show the fracture has healed (usually weeks 7–8). Mini-squats, step-ups, and leg press begin. Full bike turns once you bend about 110°. Goal of full bending (130° or more) by weeks 10–12. Elliptical at week 10.
Weeks 14–16	Walk-jog running program begins once you pass an 8-inch step-down test with even mechanics. Two-leg jumping and landing begins. Agility drills (cones, side shuffles) start at week 16.
Months 5–6	Return to cutting, pivoting, and sport-specific activity. Formal return-to-sport testing, with quad strength and single-leg hop tests at least 90% of the other leg. Surgeon clearance required.

Driving

- **Left knee:** usually **1–2 weeks** (automatic car), once you are off narcotic pain medicine.
- **Right knee:** **not before 6 weeks**, usually about 6–8 weeks, and only once you are off crutches, the brace is unlocked or off, you are off narcotic pain medicine, and you can brake hard.

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.

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
- ☐ Bring your brace (you will be fitted at your pre-operative visit)
- ☐ Wear comfortable clothes that fit over a brace (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