

## **Fulkerson Osteotomy: Procedure & Surgical Risks**

- Outpatient Surgery
- Hospital or Surgery Center will contact you the day before about your time of arrival and specific instructions.
- After arrival, you will be evaluated by the anesthesia team and discuss different types of anesthesia and risks.
- Surgical procedure takes 1-1 ½ hours.
  
- Examination of the knee under anesthesia is performed to assess patella tracking. After sterile prep, two small incisions will be made along your knee. A sterile solution will be used to fill up your knee joint and an arthroscope (camera) will be inserted into your knee to visualize and diagnosis your problem. A variety of small surgical instruments (e.g., scissors, clamps, motorized shavers) are inserted into the second small incision to:
  - Remove/repair torn meniscal cartilage
  - Trimming of torn pieces of articular cartilage
  - Remove loose fragments of bone/cartilage
  - Release tight tissues on lateral (outside) aspect of patella

An open incision approximately 3-5 inches will be made along the front of your knee. The bony attachment of the patella tendon on the tibia will be moved to a more medial (inner) and anterior (forward) position. Once the patella is realigned, it is securely re-attached with two screws.

- You will be placed in a compression dressing with ACE bandage and post operative knee immobilizer brace. You will be moved to the recovery area. Instructions will be provided for wound care and restrictions. You will be permitted to put partial weight on your leg with your brace and crutches for 4-6 weeks.
  
- Prescriptions will be provided
  
- **Anesthesia Risks:** all risks of anesthesia will be discussed with you when meeting the anesthesia team on the date of your scheduled surgery.
  
- **Surgical Risks for any procedure:** Risks of any surgical procedure are low but do occur and may include the following: (1) Blood loss (2) Infection (3) Blood clot (4) Pulmonary embolism---blood clot becomes dislodged and may travel to the lungs (5) Nerve injury (6) Blood vessel injury
  
- **Specific Risks to Fulkerson Osteotomy:** (1) Postoperative bleeding along the front of leg causing bruising (2) Persistent swelling (3) Stiffness of the knee (4) Numbness (5) Fracture of the tibia (6) Persistent pain in knee (7) Weakness of knee (8) Nonunion—impaired bone healing after realignment (9) Hardware failure—

screws move or cause pain (10) Tourniquet palsy which may cause some numbness & tingling in the foot (11) Compartment syndrome.

This sheet was provided to assist in your understanding of your surgical procedure and potential risks. It is meant to supplement the information that was discussed with you in the office. The incidence of surgical complications are low, however risks of surgery do exist. This additional information attempts to educate you on these risks, benefits, and common complications that could possible occur. If you have any further questions, please feel free to contact the office. We feel it is important to educate our patients about their surgical procedures and options available to them. This sheet describes the most common aspects of a Fulkerson Osteotomy. Each patient's case and surgery will be individual and may result in a different scenario than what is described above.