

Patella Fractures and Extensor Mechanism Injury: Technique and Implant Choice

Orthopaedic Trauma Boot Camp
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Operative vs Nonoperative

- If able to straight leg raise and less than 2mm of step off, non-op
- Disrupted mechanism → operative
- If question, have patient lay on side to fire extensor

Patella Fractures: Surgical Options

- Fixation
- Partial Patellectomy
- Total Patellectomy...not covered here
- Ilizarov...not even for me

Fixation of Patella Fractures

- Tension band, modified tension band
- Cannulated screws
- Suture repair
- LABC
- Cannulated Screw Tension Band with wire
- Cannulated Screw Tension Band with cable
- Plates



Tips for Modified Tension Band

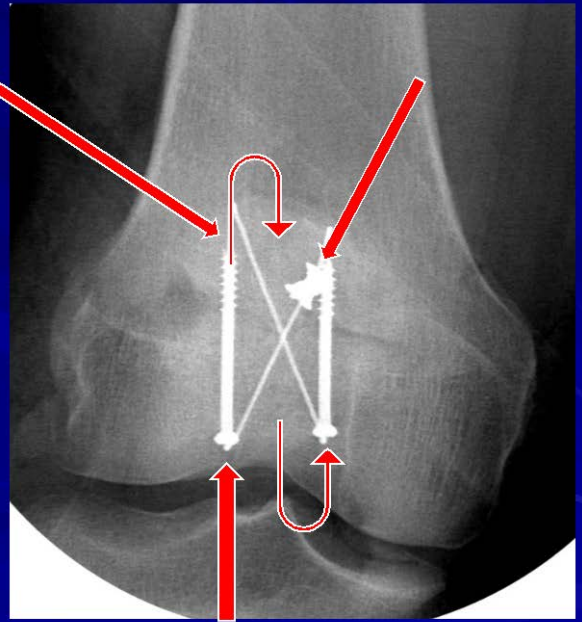
- Avoid prominent hardware with modified tension band
- Bend both end of the wires to avoid migration
- Helpful to use a suture for cerclage rather than wire

Tools for Using a Cannulated Screw Tension Band with Cable

- 1.0 mm cable with preloaded crimp
- 4.0 mm partially threaded cannulated screws

How to Use Cable

- Keep screws short
- Start from medial through screw head
- Get crimp all the way in the lateral quad...it will walk across patella with tensioning down cable



Quad Tendon and Patellar Tendon Tips

- Use one of the good sutures in a Krackow running locking method to get grab on the tendon (Orthocord, Fiberwire, whatever..)
- Repair the Retinaculum
- Don't be afraid to place a suture cerclage
- If all else fails, use running locking stitch on quad and on patella tendon and tie them together

