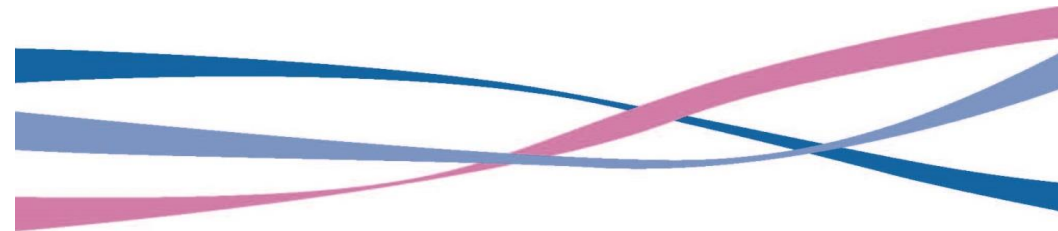


Quadriceps and Patella Tendon Rupture

Information for patients



If you have any queries or concerns, please
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This information is available in audio, Braille, large print
and other languages. To request a copy, please ask a
member of staff.



What are the quadriceps and patella tendon?

The quadriceps is the muscle that sits at the front of your thigh and stretches from your hip area to your knee cap (patella).

The patella tendon is a thick band of tissue which connects your knee cap to the shin bone (tibia). Together they act to lift and straighten the knee during walking.

How do you know if the tendon has ruptured?

There are several ways to find out if the tendon has ruptured. How you injured yourself may raise suspicion of a possible rupture.

Frequently it occurs when landing from a jump or when the knee is forced to bend excessively (hyper-flexion). During examination the area around the knee is often sore and a gap may be felt in the tendon.

Depending on the severity of the injury the tendon may partially tear or completely rupture. In a complete rupture you will be unable to lift the leg straight in the air. In cases where there is a doubt over the diagnosis, an ultrasound or MRI scan may be performed to confirm the diagnosis.

How is the injury treated?

In partial tears healing is usually achieved without an operation and good results can be achieved. This may involve a period of immobilisation in a splint, followed by a period of supervised rehabilitation.

The regime for this is outlined in 'Quads/Patella Tendon Repair Rehabilitation' sheet. In large partial and complete tears, surgery is usually required to repair the two ruptured ends of the tendon.

How is the repair performed?

The surgery is performed through a cut over the front of the knee. The tendon usually ruptures close to the point where it attaches to your knee cap.

There is often little tendon to stitch back directly so tunnels are made in the knee cap to thread sutures through and re-attach the tendon ends together.

Sometimes anchors that sit in the bone of the knee cap are used to perform the repair. If the tendon repair is weak an artificial (synthetic) ligament can be used to strengthen the repair.

What are the risks of surgery?

General risks – There is a risk of developing clots in the veins of your leg. This risk is reduced by giving you a blood thinning medication and early mobilisation after the operation.

Specific – There is a risk of wound infection. This may require antibiotics and rarely require further surgery.

There is a low risk of tendon re-rupture requiring further surgical repair.

What happens after surgery?

The knee will be covered with a crepe bandage and the leg held straight with a splint. (See picture opposite).

After the operation you will be seen by the physiotherapy team, who will help you mobilise.

Once safe you will be discharged and put onto a rehabilitation programme. (See Quads/Patella Tendon Repair Rehabilitation' sheet).

Returning to normal activities

The repair can take up to four months to heal. The knee should feel stable but sometimes it will be weaker than before and may not bend as far.

