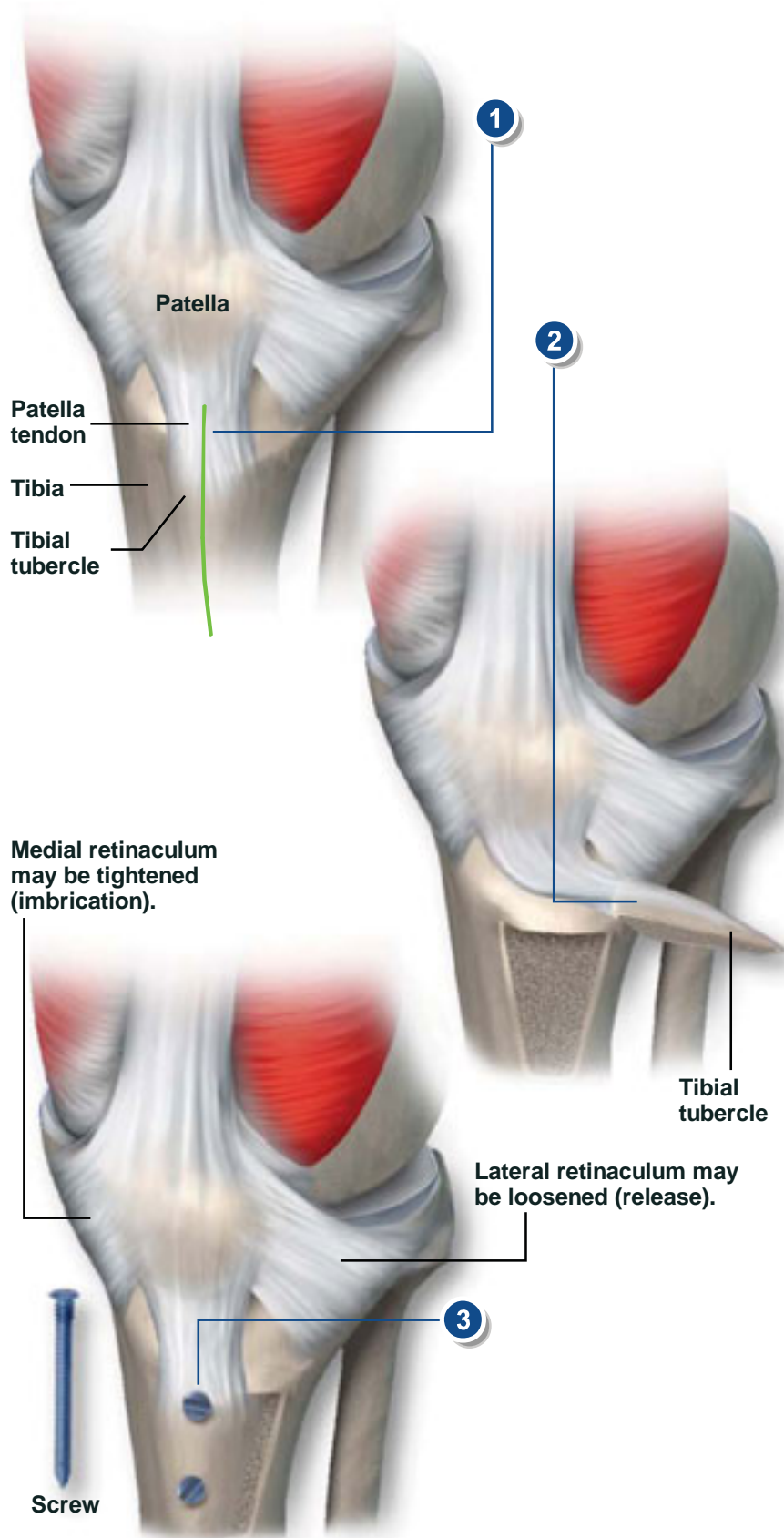


**Tibial Tubercle Osteotomy**



**Overview**

This procedure, also called bone realignment, is designed to improve the movement of the patella (the kneecap) to correct patellar tracking disorder. The procedure usually requires hospitalization and general anesthesia.

**Incision Made**

After anesthesia is administered, the surgeon makes a four- to six-inch incision over the tibial tubercle.

**Tubercle Detached**

The surgeon uses a bone chisel and/or a surgical saw to partially or completely detach the tibial tubercle from the tibia. The patellar tendon, which connects the patella to the tibia, remains connected to the tubercle.

**Tubercle Realigned**

The tibial tubercle is realigned with the patella in a position that allows for proper movement when the knee bends. Once in place, the bone is reattached to the tibia with a metal plate, wires or screws. The attachment parts are permanent unless they cause pain. If they do, they can be removed after the bone has healed in its new position.

**Patella Adjusted**

In some cases, attachments on either side of the patella may be loosened or tightened to ensure proper alignment of the patella. This procedure is called lateral release and medial imbrication.

**End of Procedure**

The incision is closed with sutures or staples, and a cast or knee immobilizer is placed around the knee to restrict movement. The knee is iced and elevated. The sutures or staples are removed after two to three weeks. The knee will be swollen and crutches may be necessary for four to six weeks, with physical therapy to follow. Complete recovery may take six months to a year.