

How I Repair a Ruptured Quadriceps Tendon



Andy Williams
London
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Who gets this?

- Beware poor healing
- 'sick tendon'
 - Elderly
 - Rheumatoid
 - Gout
 - Diabetes
 - Drugs
 - Anabolic steroid use
 - Ciprofloxacin
 - Statins



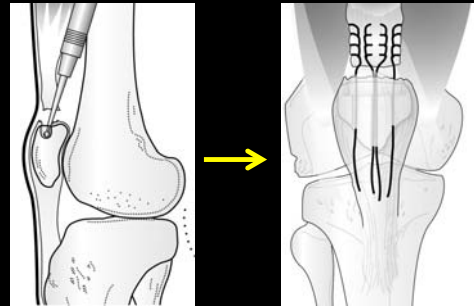
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Techniques

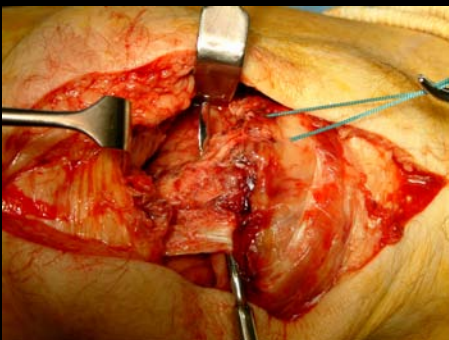
'The Classic'

- Multiple locking (Kessler) sutures to hold
- Trans-osseous sutures to give fix
- 'Double-breast' superficial layers to reinforce

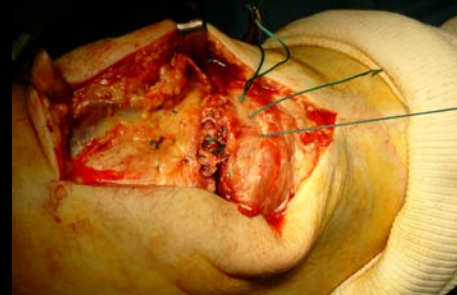
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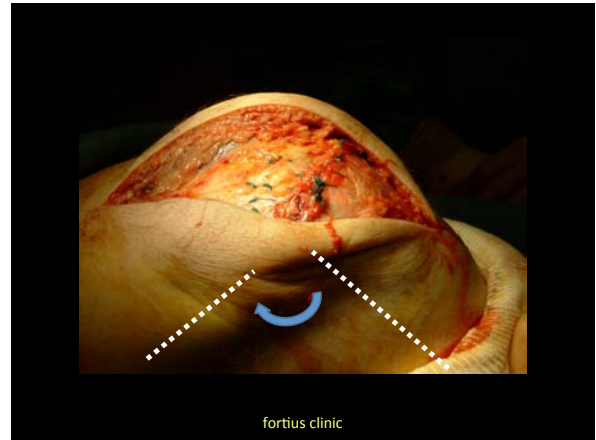
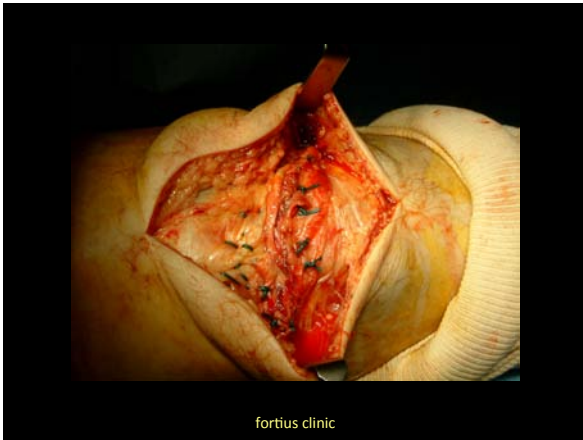
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The 'Relaxing' Suture / Synthetic

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Rehabilitation

- Brace straight for walking FWB for 6 weeks
- Brace at night 4 weeks
- Passive / active flexion
 - From day 1: 0-45° 2w → 0-60° 2w → 0-90° → full at 12w
- Quadriceps
 - No straight leg raise 10 w
 - Isometric contractions immediate
 - Resisted from 6 w, intensive from 12w
- Patellar glides

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Trans-Osseous Sutures or Suture Anchors?

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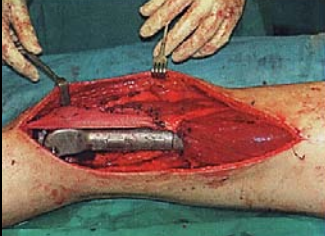
In TKR

- Synthetic augmentation

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In TKR

- Synthetic augmentation



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Results

- Loss of flexion - average 10°
- Quads weakness
 - Usual- average 25% usual
 - Often functionally not significant
- In TKR- high complication rate

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