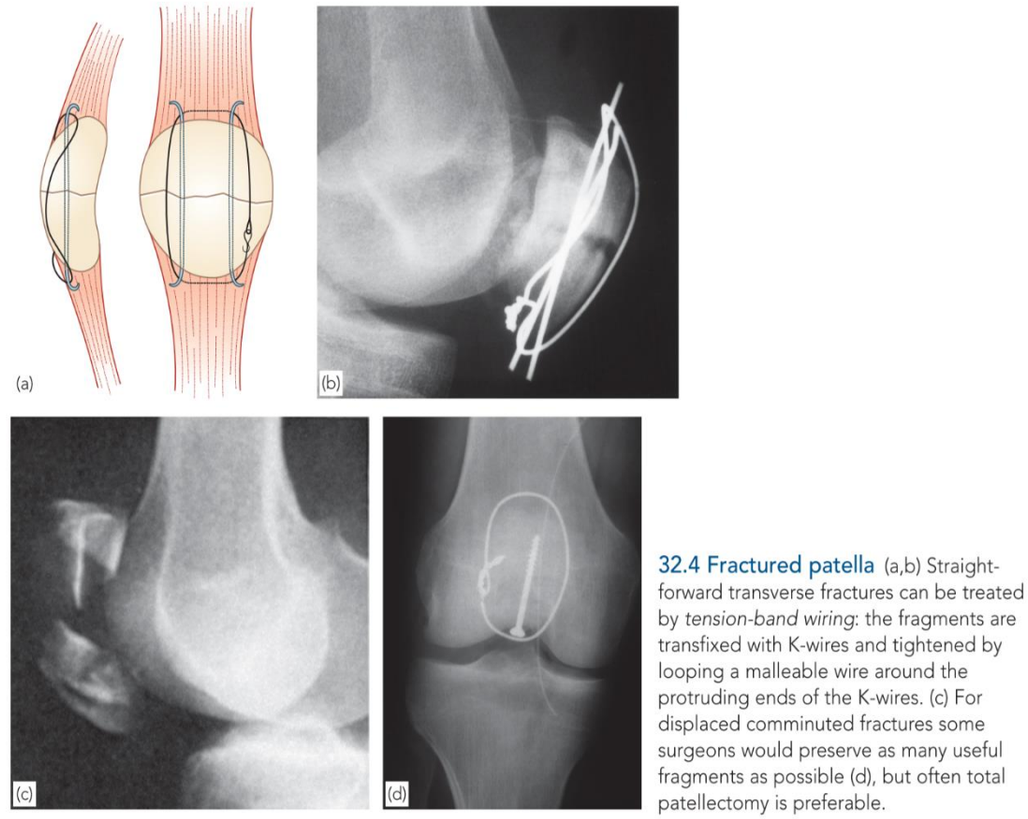
Fractured Patella

- 3 Types
  1. Undisplaced- Direct blow
  2. Comminuted- fall/ direct blow on front
  3. Transverse fracture- Indirect injury

- Clinical features
  - Painful knee
  - Swollen
  - Sometimes a gap felt

- IX- X ray- AP/Lateral Knee joint

- Treatment- Management of patellar fractures is the state of the extensor mechanism.



32.4 Fractured patella (a,b) Straightforward transverse fractures can be treated by *tension-band wiring*: the fragments are transfixed with K-wires and tightened by looping a malleable wire around the protruding ends of the K-wires. (c) For displaced comminuted fractures some surgeons would preserve as many useful fragments as possible (d), but often total patellectomy is preferable.

Un-displaced	Comminuted	Displaced transverse fracture
• If hemarthrosis- Aspirated • Extensor mechanism is intact – Tx – Protective • A POP cylinder holding the knee straight is worn for 4–6 weeks and during this time quadriceps exercises are practiced every day.	• Extensor expansions are intact • All attempts should be made to preserve the patella. • A partial patellectomy might be required, with the fragments held by a circalage wire. • After an initial period in a back-slab, a hinged brace can be applied in order to mould the fragments into position and to preserve mobility.	• lateral expansions are torn and the entire extensor mechanism is disrupted. • SX- Internal Fixation – tension band / K wires • Brace until active extension is regained