NHS
Lancashire Teaching Hospitals
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Information for patients and carers

Posterolateral Corner

Reconstruction Surgery

This leaflet aims to explain your operation and how to take care of your repaired knee correctly after the procedure. The surgery involved will be specific to you and it is important that you follow the care and instructions of your healthcare professional. The information below is provided as general guidance.

How does the knee work?

The diagram below shows several structures within the knee which helps to support the weight of your body. It consists of two joints; one joint connects the thigh bone (femur) to the shin bone (tibia), and the other, the kneecap (patella) to a groove within the lower aspect of the thigh bone. The main movements of the knee are bending and straightening but it also provides a small amount of rotation.

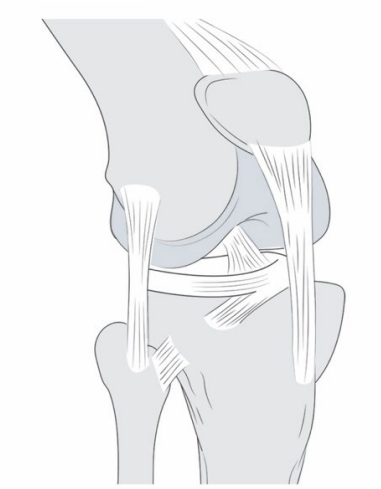
There are several structures within the knee joint, these include:

Bones which support the knee.

Muscles which create movement at the knee.

Ligaments which help to stabilise the knee.

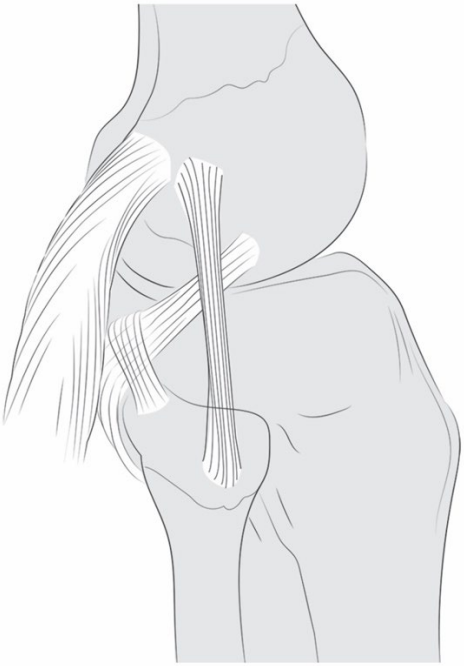
Cartilage which protects the bones and allows for smooth movements of the knee.



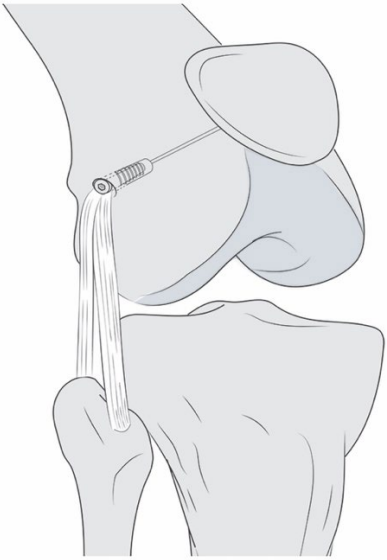
The Posterolateral Corner (PLC)

This refers to a group of ligaments, muscles and tendons located in the posterior (back) lateral (outer aspect) of the knee. Injuries to these structures may make your knee unstable.

A PLC injury is typically caused by direct force pushing the knee outwards or backwards, often by high level trauma such as road traffic accidents and is often associated with other ligament injuries. It is not often injured on its own and injuries are rarely caused by sporting activities. You may also experience neurological injury which may present with altered sensation or loss of power to the foot/ankle region. Below is an image showing some of the ligaments and tendons which may be injured.



What does a posterolateral corner reconstruction surgery involve?



Surgery may be completed immediately post injury, however, if there is a delay to diagnosis then surgery must wait for three months due to scar tissue around the nerves.

An incision is made to the outer aspect of the knee. The common peroneal nerve (a nerve which travels around the back and outside of your knee to supply the muscles of your lower leg) is identified and protected. A synthetic ligament or a graft from a nearby muscle tendon will be used to replace the damaged structures and connect the femur (thigh bone) to the fibula (smaller shin bone).

After the operation you will be fitted with a hinged knee brace and shown how to use crutches without putting weight on your operated leg.

You will be referred to a physiotherapist to start your rehabilitation and have an appointment with your consultant six weeks post operation.

Complications

All operations have potential risks and you need to be aware of them. Whilst the surgical team will do their upmost to prevent complications, the following risks are associated with this procedure:

Blood clots

Clots can form in the lower leg (DVT) following surgery and carry the risk of travelling through the blood stream to the lungs (PE). You will need to seek urgent medical attention if you develop calf pain and swelling, chest pain, difficulty breathing or coughing up blood.

Numbness

You may notice some numbness around the side of your knee and/or down the shin to the foot. We will check the sensation in the shin and foot and the muscle function to ensure the nerves are working correctly.

Stiffness

It is important that you follow your surgeon's and physiotherapist's advice to help reduce the chance of stiffness occurring.

Bleeding

Bleeding during and after surgery can occur and you may experience some blood collecting in the knee joint however in most cases this will be naturally absorbed by the body itself.

Infection

There is a risk of infection after any surgery. If you experience a raised temperature, pus in your surgical wound, feeling unwell, or if your wound becomes increasingly red, sore and painful, it is important that you consult a healthcare professional. Treatment will usually be antibiotic medications. Rarely, further surgery to clean out any infected tissues may be required.

Unsightly scarring

Scars usually heal into a thin pale line within a year. If you are concerned about the appearance of your scar, your surgeon or physiotherapist can discuss treatments to help the healing process.

Graft rupture

This is rare with a synthetic ligament. It is important you follow your surgeon's and physiotherapist's guidance to help avoid this.

Instability

The risk is higher for those who do not follow post-operative advice and rehabilitation. This may continue after reconstruction. Your physiotherapist will advise you on exercises to improve your stability.

Anaesthetic

Feeling sick or nauseous are common post-surgery. Complications relating to your heart, lungs or neurological issues are low.

Pain

Pain thresholds and pain levels vary from person to person and you will be prescribed painkillers to help reduce any discomfort. Using your medication correctly to keep your pain under control in the early phases of your rehabilitation is important. It will particularly help you to perform the exercises prescribed by your physiotherapist. You will need to consult your own GP (doctor) for further pain medication should this be needed.

Post–operative rehabilitation

Following discharge from hospital, you will be referred to your local outpatient physiotherapy department to continue your care.

Under their care and guidance, you will follow a rehabilitation programme of progressive exercises tailored toward your individual needs.

You will be non-weight bearing for the first six weeks. This will be progressed to partial weight bearing at six weeks and then to full weightbearing from nine weeks.

You will need to wear the brace for 12 weeks to protect the repair whilst progressing your rehabilitation.

Depending on the types of activity or sport that you aim to resume, full rehabilitation can take several months. This requires great commitment. Attending physiotherapy appointments/classes regularly is key to ensuring that you reach your full potential following the operation.

Initial exercises will be designed to improve your range of movement, initiate muscle activity and control pain and swelling. Later exercises will involve increased intensity, and a focus on improving strength, endurance and stability.

During your rehabilitation, you will be asked to complete some physical tests as well as questionnaires to measure your progress. These enable your physiotherapist to assess when you are ready to safely progress to at each stage of rehabilitation and ultimately when you are ready to return to sport. It is very important to follow the physiotherapist's guidance in order to avoid the risk of further injury and be able to resume your planned activities or sports as quickly as possible.

Driving

You must be safe and have enough strength and control before returning to driving following your surgery. This is at least 12 weeks post-operatively, once the brace has been removed. It is your responsibility to decide when you can safely control the car. You should also make your insurance company aware that you have had the operation.

Contact details

Should you require further advice or information please telephone:

Leyland Ward-Chorley Hospital	**01257 245747**
Chorley Physiotherapy Outpatients Department	**01257 245755**

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.accessable.co.uk
www.patient.co.uk

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Please ask a member of staff if you would like help in understanding this information. This information can be made available in large print, audio, Braille and in other languages.

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