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LATERAL RETINACULAR RELEASE

The following is designed to present an overview of Lateral Retinacular Release so that you may better understand what it means.

This is an arthroscopic surgical procedure which is done to improve subluxation or dislocation of your patella, or kneecap. Sometimes it is performed to help treat chondromalacia of your kneecap. You should have been furnished, and read, the informational handout on arthroscopic surgery. This procedure is slightly more extensive and may cause more discomfort than the usual arthroscopic surgery, so I have prepared the following material so that you might better understand what is going to be done and what to expect afterwards.

The basic knee arthroscopic procedure is the same as previously described in the handout on “Arthroscopic Surgery”. If you have a torn meniscal cartilage, it will be removed or repaired, if necessary. Most patients having this procedure typically have chondromalacia; this will be smoothed or shaved at the time the arthroscopic release is performed. In order to relieve some of the abnormal force and pressure on your kneecap, the tight structure on the outer or lateral side of your knee, known as the lateral retinaculum, will be cut or split from inside the knee. This is done using the arthroscope to see and to guide the resection, using and a small electric knife to incise the retinaculum. The retinaculum is a fairly long, thick, and dense connective tissue structure which represents a condensation of the knee joint capsule. Some bleeding and swelling occurs within the knee, and to control this, a large, bulky cotton dressing is applied from the thigh to toes over the site of the release. Leave this on and keep it dry until I see you in the office in the following three to five days after you surgery.

You probably will need to take some pills for pain relief, but the discomfort should improve each day. You may have a few more, but somewhat smaller, puncture wounds than those used for routine arthroscopy. Once the puncture wounds are dry and there is no drainage from them, you may shower. Most of the patients will need crutches for 2-1/2 to 3-1/2 weeks. You should bear some weight on the extremity, as well as bend and straighten the knee as much as comfortable. You should not walk without your crutches until your knee is strong enough to support you and most of the swelling is gone. This will take at least two to four weeks, or longer in some cases. Again, you should also move your knee as much as your pain will allow. You should continue the exercises as instructed before the surgery, as well as in the post operative rehabilitation plan and prescription.



The information contained in this patient education packet is intended to help you and your families/caretakers better understand a particular diagnosis and/or the treatment options available. If you have any questions after reading this, please don't hesitate to contact Dr. Longobardi's office at 201.343.1717 for a further explanation or you can also go to www.universityorthopaedic.com and click on Patient Education to gather more information. Thank you.