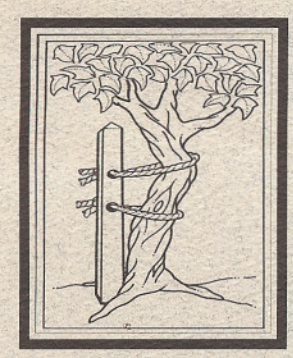


Case Study:

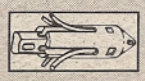
Quadriceps Reapproximation to the Patella with Mitek® SuperAnchors

Surgeon:
Jacob E. Tauber, M.D.
Former Chief of Orthopaedic Surgery, Glendale Adventist Medical Center, Glendale, CA

Patient:
76 year old female

Diagnosis:
Quadriceps disruption at the insertion on the right patella

Device(s):
Mitek SuperAnchor



Length: 11.4mm
Diameter: 2.8mm
Arc Range: 7.8mm
Suture Size: #5 or smaller
Pullout lb: 42lbs.
Drill Hole Size: 2.9mm x 17.8mm

History

This 76 year old female was seen on May 3, 1996 for right knee pain and weakness. On April 29, 1996 the patient had a slip and fall injury at her home. She was seen in an emergency room where x-rays were obtained and a splint applied. She then saw her family physician who referred her to my office for orthopedic care.

The initial examination was dramatic for demonstrating a palpable defect at the quadriceps at the insertion in the right patella. The patient lacked active extension of her right knee due to the clinical absence of an intact quadriceps mechanism. X-rays obtained of the knee were negative for any bony injury.

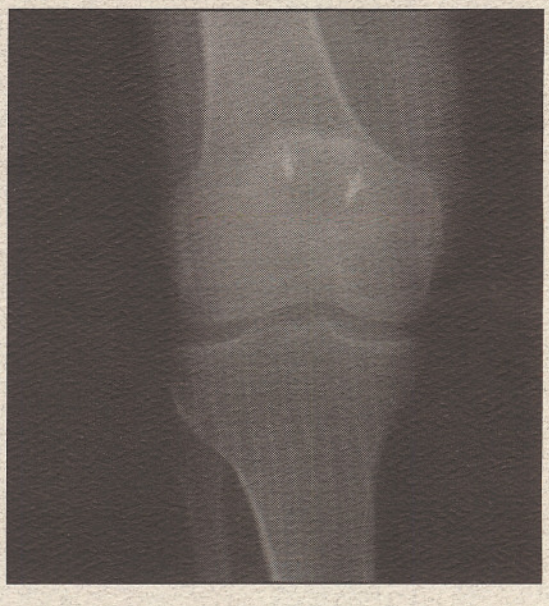
Plan of Treatment

The patient was advised of her quadriceps disruption and obvious defect at the insertion on the patella. Recommendation for surgery was made for quadriceps reapproximation to the patella using an anchoring device and sutures.

Surgical Procedure

The patient was placed under general anesthesia. The knee area was prepped and draped in a routine manner. The distal quadriceps and the patella were exposed.

Two Mitek SuperAnchors were placed into the patella, and the quadriceps was reapproximated to the patella with the use of the anchoring devices and the sutures.



Surgeon Profile:

Dr. Jacob E. Tauber is the former Chief of Orthopaedic Surgery, Glendale Adventist Medical Center, Glendale, CA, and a clinical instructor of Orthopedic Surgery at U.C.L.A. School of Medicine.

He received his medical degree from Yale Medical School.

He is board certified by the American Board of Orthopedic Surgery and a Fellow American Academy of Orthopaedic Surgery.

Surgical Procedure (cont.)

Additional sutures were placed reapproximating the soft tissues of the quadriceps, and the quadriceps to the patella. The wound was then closed.

The patient was immobilized post-operatively for one month at which time gentle range of motion was begun.

Follow-Up

On a postoperative follow-up visit the patient had full pain-free range of motion and symmetrical motion to her opposite knee. She had no limp and no pain.

The patient continued to carry out a quadriceps strengthening program in an effort to further strengthen her right lower extremity.

It should be noted that at the time of surgery passive range of motion was used even prior to closing the remaining soft tissues at the quadriceps mechanism. The fixation was noted to have been excellent with the use of this simple anchoring technique.

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