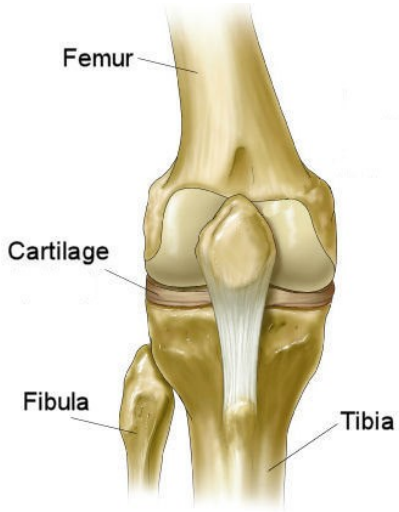
Knee Dislocation

A dislocation of the knee means that the knee has come out of joint. This can usually be put back into place (*reduced*). Sometimes *fractures* (break in bones) may be present. If the fractures are small, they may be treated conservatively. That means that only a cast or splint may be required. If fractures are large and not stable, an operation may be required to put the bones back into proper position. If fractures are large and not stable they may be fixed in place with pins or screws. One other complication of a dislocated knee is possible injury to the major blood vessels behind the knee. If circulation is damaged, sometimes immediate surgery is required to repair this. Often a knee dislocation means disruption of the cruciate and collateral ligaments which will need to be surgically reconstructed.



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DIAGNOSIS:

The diagnosis of a dislocated knee is made by exam. X-rays may need to be taken before and after treatment to make sure other injuries are not present. An MRI is generally required to determine a definitive diagnosis and determine a treatment plan.

RISKS AND COMPLICATIONS:

Some of these risks of knee dislocation are:

- Vessel injury.
- Persistent knee instability.
- Stiffness and arthritis of the knee following injury.

If your knee did not go back into place and needs reduction by your caregiver with anesthesia:

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or novocaine.
- Family history of an anesthetic complication.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Other health problems.

PROCEDURE

You will be given an anesthetic. The anesthetic will keep you pain free during the reduction. If a general anesthetic is given, you will sleep through the procedure. After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you are awake, stable, and taking fluids well, barring other problems, you will be allowed to return to your room or go home. Following the acute injury you may be admitted to the hospital for an MRI and observation for the possibility of a vascular injury.

HOME CARE INSTRUCTIONS

- Apply ice to the injury for 15 to 20 minutes four times per day while awake for 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and your cast.
- If you have a plaster or fiberglass cast:
  - Do not try to scratch the skin under the cast using sharp or pointed objects.
  - Check the skin around the cast every day. You may put lotion on any red or sore areas.
  - Keep your cast dry and clean.

- If you have a plaster splint:
  - Wear the splint as directed.
  - You may loosen the elastic or *ace bandage* (stretchy, elastic wrapping bandage) around the splint if your toes become numb, tingle, or turn cold or blue.
- Do not put pressure on any part of your cast or splint until it is fully hardened.
- Do not lower the cast or splint into water.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Keep all appointments as prescribed by your caregiver.
- Use leg and knee only as directed.

SEEK MEDICAL CARE IF:

- You develop increasing pain in the knee or calf that is not relieved with medications.
- Your toes get numb or turn cold and blue and this is not relieved by loosening the ace or elastic wrap (if one is present).
- You have significant increasing pain in your leg with movement of your ankle or toes or you have progressive numbness in your foot or ankle.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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