

Your son/daughter has been scheduled to undergo *distal femoral extension osteotomy(ies)* on either one or both legs with *patellar distalization* to reduce his/her knee flexion contracture and restore function to the quadriceps. During surgery, cuts will be made to both thigh bones right above the knee joint to straighten the knees and allow your child to stand and walk more upright. After the bones are straightened, they will be held in place with plates and screws. The kneecap will be moved down closer to the knee joint to improve leg strength, and the patellar tendon, which connects the kneecap and thigh muscles to the shin bone, will be secured in a new position with either screws or sutures. Surgery will last approximately 6 hours, and your child will receive general anesthesia with or without an epidural, which you will discuss with your anesthesiologist on the day of surgery. An epidural is recommended to help with pain management for the first day and a half. If you decide on the epidural, it will be placed once your child is under anesthesia.

Postoperatively, your child will stay 3-4 nights in the hospital for pain control and physical therapy. You are allowed to stay with your child in the hospital. Your child will wake up with a hinged knee immobilizer on the operated leg(s). Your child will remain in knee immobilizer(s) full time for 6 weeks post-operatively. It is important to keep these one and not to allow more knee bending than what the brace allows to protect the surgical repairs. They should be locked in full extension during standing transfers but can be unlocked to allow for 30 degrees of motion when lying down. Your child's in-hospital therapist will show you how to lock and unlock the brace. Your child will be non-weightbearing for the first 6 weeks except for standing transfers (from bed to wheelchair, for example). During the hospital stay, you and your child will work with our physical therapist on transfers. Prior to discharge, you will receive a wheelchair for your child to use for 6 weeks. We will plan for intensive physical therapy to start 6 weeks postoperatively. Physical therapy will be 4 times a week for the first 2 weeks and will then transition to 2 times a week thereafter. You will receive a prescription at your first post-operative visit. Physical therapy will include strengthening and task-based gait training to maximize the functional benefits of surgery.

You will be discharged from the hospital with Ibuprofen, Tylenol, Diazepam and Oxycodone. If your son/daughter develops fevers, chills, increase in pain, or redness/swelling/discharge at the incision site, please contact Dr. Thompson immediately. We will see you back in clinic 2 weeks after surgery for clinical evaluation and x-rays.

- **Surgery Time:** Approximately 6 Hours
- **Hospital Stay:** 3-4 Nights
- **Equipment:** hinged knee immobilizer
- **Post-operative Medication:** Ibuprofen, Tylenol, Diazepam, Oxycodone
- **Weight-bearing Status Post-Op:** Only for Transfers
- **Physical Therapy:** Starts at 6 Weeks