

# Subchondral Fracture Fixation — Pre-Operative Patient Guide

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*Subchondral Insufficiency Fracture of the Knee (SIFK)*

## Your Condition & Procedure

### The condition

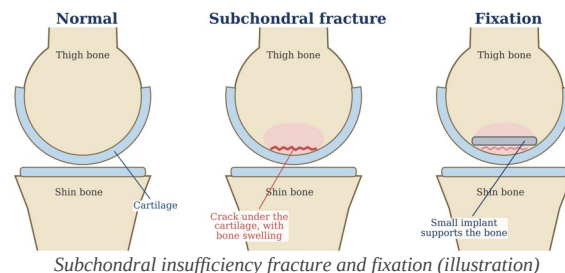
A **subchondral insufficiency fracture** is a small crack in the bone just beneath the knee's cartilage, caused by everyday stress on overloaded bone. It can occur spontaneously or follow a meniscus tear and shows as bone swelling on MRI. It causes deep knee pain with standing and walking that can last for months.

### The surgery

Through small incisions (typically outpatient), a small implant is placed across the fracture under x-ray guidance to support the bone as it heals; the joint may also be checked with a camera. If a torn meniscus or root is repaired at the same time, your recovery will change. The final plan is determined during surgery.

### Risks & benefits

**Benefits:** Most patients have less pain and return to walking and their activities. **Risks** are uncommon and include infection, blood clots, ongoing pain or collapse of the bone surface (which may need more surgery, including knee replacement), irritation from the implant, injury to nearby structures (such as nerves, blood vessels, or cartilage), stiffness, persistent pain, and the need for further surgery. These will be reviewed with you in detail before surgery.



Subchondral insufficiency fracture and fixation (illustration)

## Before Surgery

- **Medications:** We will tell you what to stop and when (e.g., blood thinners, anti-inflammatories, some supplements, weight-loss injections).
- **Fasting:** Follow the instructions from your surgery coordinator/facility. In general, you should have nothing to eat or drink starting at midnight the night before surgery.
- **Nicotine:** Stop all nicotine products—they slow healing.
- **Equipment:** Crutches are typically arranged beforehand; a brace is usually not needed. Practice with crutches.
- **Physical therapy:** Schedule your first visit for within about a week after surgery.
- **Home:** Plan for a helper for the first few days and remove trip hazards.
- **Medical history:** Let us know if you or anyone in your family has a history of blood clot disorders or a malignant hyperthermia reaction to anesthesia.
- **Health:** Call us if you develop a fever, illness, or skin problem near the knee.

## Day of Surgery

- If instructed, take blood pressure/heart medications with a small sip of water.
- Arrive at the time given by your surgery coordinator.
- Bring your medication list, insurance card, photo ID, and crutches if you have them.
- Wear loose clothing; leave jewelry and valuables at home.
- A responsible adult must drive you home. You may **not** drive yourself.

## Immediately After Surgery

- You will recover in the recovery area; most patients go home the same day.
- Your surgeon will discuss the procedure with you and your support person.
- Your care team will review wound care, restrictions, medications, follow-up, and warning signs before discharge.

| Milestone                                                                                                                                                                                                                      | What to Expect After Surgery (General Timeline)                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Weight-bearing</b>                                                                                                                                                                                                          | Full weight as tolerated with crutches for ~2 weeks, then weaned as pain allows. No brace or motion limits.                     |
| <b>Daily life</b>                                                                                                                                                                                                              | Desk work often within 1 week. Stationary bike and strengthening start early. No driving while taking narcotic pain medication. |
| <b>Impact</b>                                                                                                                                                                                                                  | No running or jumping for at least 12 weeks; an MRI may be checked at ~3 months.                                                |
| <b>Sports</b>                                                                                                                                                                                                                  | Jumping, running, and drills progress between 3 and 6 months. Full return typically 5–6 months, after a follow-up MRI.          |
| ► <b>Please note:</b> This is a general guide only. Detailed post-operative instructions will be provided on the day of surgery, and your restrictions and timeline may change based on the findings and procedures performed. |                                                                                                                                 |

## Learn More

We **strongly recommend** reading these pages from the American Academy of Orthopaedic Surgeons (OrthoInfo) before your surgery:

- **Related reading: Osteonecrosis of the Knee** — <https://orthoinfo.org/en/diseases--conditions/osteonecrosis-of-the-knee/>
- **Possibly related reading: Meniscus Tears** — <https://orthoinfo.org/en/diseases--conditions/meniscus-tears/>

**Video:** You may find a video demonstrating an example of your surgery at <https://www.youtube.com/watch?v=xwCoDILVYKs>.