

Knee Disarticulation Amputation

Skin:

Mark out boney landmarks

Patella, knee joint line, tibial tubercle, and the patellar tendon

Limb diameter at condyles

For a long posterior flap knee disarticulation, the flap is equal to the diameter of the limb at the level of the femoral condyle plus one cm.

Ioban plastic

Ioban plastic drape is used to seal off the open ankle area.

Aesanguinate before inflating the tourniquet

Aesanguination is acceptable because the area of infection was removed at the time of open amputation.

Incisions through skin to the fascia

Lateral and anterior

Elevate soft tissue anteriorly to expose the patellar tendon

The patellar tendon will be elevated off of the tibial tubercle and preserved for later reconstruction. Tenodesis of the patellar tendon to the cruciate ligament remnants on the femur will be done to stabilize the quadriceps mechanism and keeps the patella from retracting proximally.

Incisions through skin to the fascia

Medial incision through skin and subcutaneous tissue to the fascia.

Continue to expose patellar tendon

Complete the posterior incision to and through the fascia

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