

POST-OPERATIVE INSTRUCTIONS

Knee MPFL reconstruction for kneecap instability

Dr. Petsche

visit www.healthy-txt.com/drpetshe for more detailed
instructions

PAIN MEDICATION: Your prescription for pain medication will be given to you before you leave the surgery center. After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication. Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable. Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

MILD PAIN: If you are having minimal pain and would like to switch to a milder medication, please take Tylenol/acetaminophen (extra strength or regular). Do not take Tylenol and norco together (this would be too much acetaminophen). Do not exceed more than 4000mg of Tylenol/acetaminophen in a 24 hour period. If you are taking an aspirin per day (for blood clot prevention), you should be cautious combining aspirin with anti-inflammatories (NSAIDS) such as Advil, Aleve, Motrin, or Ibuprofen. These medications together can increase risk of GI bleeding. Please contact your medical doctor with questions about taking aspirin together with NSAIDS.

ICE: It is helpful to use ice or a cold therapy unit to decrease pain and swelling. For the first few days after surgery, please try to ice at least 5 times daily, for 20 min each time. If you have an ice therapy unit, you are encouraged to keep the ice unit on as much as possible for the first

48 hours. You may also elevate your leg on a few pillows while lying down to decrease pain and swelling.

DRESSINGS: Underneath your knee brace, you will have a soft dressing and ace wrap applied over your incisions. It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection. Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery. The dressings may become slightly moist or blood-stained; this is normal and usually not a cause for alarm.

KNEE BRACE: The hinged knee brace should remain on, locked in extension, anytime you are up walking. If you are sitting or lying down resting, the brace may be removed. Please try to sleep with the brace on, at least for a few nights. This will help to better stabilize the knee and prevent any twisting type motions.

The brace will typically remain locked for 2 weeks, then will be unlocked (allowing bending) for an additional 2 weeks. Your Physical Therapist will help determine when the brace may be unlocked. This is dependent on quadriceps strength and other factors. After 4 weeks total, your brace can usually be removed.

WEIGHT BEARING: You may put full weight on your operative leg immediately after surgery (with the knee brace on, locked in extension). You will be given crutches to use for comfort, but they are not required. Wean off the crutches whenever you are comfortable walking without them.

BATHING/DRESSING CHANGE: You may remove your dressing 48 hours after your surgery to take a shower. You may have steri-strips over your incisions (small white strips of tape). If so, leave them in place until they fall off on their own or until they are removed at your first post-op appointment. You may let soap and water gently wash over your incisions, but do not scrub them. Pat them dry with a towel, then you may leave the steri-strips uncovered if you'd like. Or, you may cover each of the steri-strips with band-aids if there is still any drainage. Please reapply the large ace wrap to protect the incisions. The ace wrap

is also helpful underneath the knee brace (stops the brace from rubbing on skin).

You may not soak in a bathtub or go in a pool until your incisions are healed (usually 2-4 weeks).

WHEN TO CALL: Please call our office at (630) 584-1400 if you develop a fever greater than 101°F, increasing pain that is not responding to pain medication, redness, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood. If it is after hours, the answering service will contact the physician assistant on call.

AFTER SURGERY: You will be receiving a post-operative phone call from the surgical staff a few days after surgery to check on you and assist you with any concerns.

OFFICE VISIT: Your first post-op visit will be scheduled 7-10 days after surgery. At this visit, we'll check your incisions, obtain a few x-rays, and answer any questions you may have.

DRIVING: Please do not attempt driving until you are off the pain medications. You should wait to drive until you can comfortably and safely operate the vehicle (get from gas to brake). **PLEASE DO NOT DRIVE WITH KNEE BRACE ON.** If the brace were to lock up or get stuck, this could be dangerous. If you had a Right knee ligament reconstruction, it may be about 1 month before you can safely drive. If you had a Left knee ligament reconstruction, you may drive once you're off pain medication and can comfortably and safely operate the vehicle.

PHYSICAL THERAPY: You will start physical therapy within 1 week after surgery. Most patients will go 2-3 times/week for about 12 weeks. We recommend starting physical therapy prior to your first post-operative visit.

PREVENTION OF BLOOD CLOTS: Although the risk is very low, there is a small chance of developing blood clots into the leg after a surgery. A blood clot in the leg is called a DVT or deep vein thrombosis. Most patients will be asked to take a 325mg aspirin daily for 1 month after surgery to prevent blood clots. Some patients at higher risk of blood clots will require another form of anticoagulation such as lovenox

injections or coumadin. Those at higher risk include patients who have had prior DVT, are on birth control pills, patients that smoke, or have clotting disorders.

RETURN TO WORK: This will vary, based on the nature of your job. If you have a desk job, you may return to work as soon as you are off the pain medication, comfortable driving, and feel that you may perform your job. Most patients with desk jobs take at least 1 week off work to rest and focus on therapy. If you have a labor-intense job that may require more walking, squatting or heavy lifting, you may need a few months off work. We can discuss this in more detail during your 1st post-operative visit and we can give you work status notes (including light duty if this is an option for your job).

RETURN TO SCHOOL: You may return to school once pain is tolerable and can be managed during school hours without narcotic pain medications. Most patients return to school within 3-7 days after surgery. If you need any notes for missing class or “no gym,” we can give you these at your first post op visit.

MOST COMMON QUESTIONS

MPFL RECONSTRUCTION

WHEN CAN I DRIVE?

Please do not attempt driving until you are off the pain medications. You should wait to drive until you can comfortably and safely operate the vehicle (get from gas to brake). **PLEASE DO NOT DRIVE WITH KNEE BRACE ON.** If the brace were to lock up or get stuck, this could be dangerous. If you had a Right knee surgery, it may be about 1 month before you can safely drive. If you had a Left knee surgery, you may drive once you're off pain medication and can comfortably and safely operate the vehicle.

CAN I WALK WITHOUT CRUTCHES? You may put full weight/partial weight/no weight on your operative leg immediately after surgery. You will be given crutches to use for comfort, but they are not required. Wean off the crutches whenever you are comfortable walking without them.

WHEN CAN I GO BACK TO WORK? This will vary, based on the nature of your job. If you have a desk job, you may return to work as soon as you are off the pain medication, comfortable driving, and feel that you may perform your job. Most patients with desk jobs take at least 1 week off work to rest and focus on therapy. If you have a labor-intensive job that may require more walking, squatting or heavy lifting, you may need a few months off work. We can discuss this in more detail during your 1st post-operative visit and we can give you work status notes (including light duty if this is an option for your job).

HOW CAN I LEARN MORE ABOUT KNEECAP INSTABILITY?

Please visit: <http://orthoinfo.aaos.org/topic.cfm?topic=a00350>

KNEECAP INSTABILITY IN CHILDREN:

Please visit <http://orthoinfo.aaos.org/topic.cfm?topic=A00707>

SPORTS SPECIFICS

Stationary bike: within 1-2 weeks after surgery. It is best to start doing a stationary bike during physical therapy.

Weight training: You may do upper-body weights and core strengthening within 1-2 weeks post op. For lower-body strengthening, please rely on your physical therapist to outline a program for you.

Light jogging: 3 months post-op, but start on an even-surface/treadmill to make sure your knee feels comfortable. Your physical therapist may

have you first attempt jogging on a treadmill in therapy to make sure your knee is comfortable and ready.

Swimming: 1 month post-op. Specifically, a gentle free-style or flutter kick. No frog kick or whip kick for 3 months post-op.

Golf: Putting within 1-2 weeks after surgery (with your brace on)
3 months post-op: Chipping, pitching, and half-swings with your short irons

4 months post-op: Full but gentle swings with irons

5-6 months post-op: Full play with no restrictions

**The reason for golf restrictions is because you must avoid excessive pivoting/twisting of the knee, to protect the knee*

Contact sports, such as basketball, football, and hockey: You will be fully released without restrictions at 6 months post op.