

MPFL Reconstruction Post-Operative Instructions

- **PAIN**

- Most patients require some narcotic medication after surgery. You will be given a prescription(s) with instructions for its use. *Do not take more than prescribed.* If your pain is not adequately controlled, contact the surgeon on call. Phone numbers are provided.
- If you had a nerve block done by anesthesia, please contact Dr. Kerns with questions. He will provide you with the contact information. When the nerve block wears off, pain can increase so you may notice you will need more oral narcotics at that time.
- Common side effects of the narcotics include nausea, vomiting, drowsiness, constipation, and difficulty urinating. If you experience constipation, use an over the counter laxative. Minimize the risk of constipation by staying well hydrated and including fiber in your diet. If you have difficulty urinating, try spending a little time out of bed on the crutches. If it is not possible for you to urinate and you become uncomfortable, it is best if you go to the Emergency Room to get catheterized.
- Contact the office if you have nausea and vomiting. This is usually caused by the anesthesia or narcotics. We will either give you a medication for nausea at time of surgery or we will call it in to a pharmacy if you experience these symptoms.
- Do not drive or make important business decisions while using narcotics.
- Anti-inflammatories (advil, naprosyn, aleve, etc) may be taken in conjunction with the pain medication to help reduce the amount of narcotics needed. Do not take extra Tylenol if the pain medication given to you already has Tylenol in it.

- **WOUND CARE**

- You may remove the Operative Dressing on Post-Op Day #2
- **KEEP THE INCISIONS CLEAN AND DRY.**
- Apply Gauze bandage to the wounds. Change daily. Do not remove the Steri-strips. Please do not use Bacitracin or other ointments under the bandage.
- An ACE wrap may be used to help control swelling. Do not wrap the ACE too tight. You may be given a stockinette to place over your wound and under the brace – this is to help alleviate sweating under the brace. You will also be given a TED hose to help with swelling and decrease risk of blood clot.
- There may be a small amount of bleeding and/or fluid leaking at the surgical site. This is normal. The knee is filled with fluid during surgery, sometimes causing leakage for 24-36 hours. You may change or reinforce the bandage as needed.
- Use Ice or the Cryocuff as often as possible for the first 3-4 days, then as needed for pain relief. Do not wrap the Ace too thickly or the Cryocuff cold may not penetrate
- There will actually be more swelling on days 1-3 than you had the day of surgery. This is normal. The swelling is decreased by using Ice or the Cryocuff. The swelling will make it more difficult to bend your knee, but once the swelling goes down, it will become easier to bend your knee.
- You may shower on Post-Op Day #3 using a water-tight plastic bag over your knee.
- **DO NOT GET THE WOUND WET.** You may gently wash around the incision with a washcloth, then gently pat the area dry. Do not soak the knee in water. Do not go swimming in the pool or ocean until your sutures are removed.
- A low-grade temperature is very common within the first few days of surgery. This can often be treated with getting out of bed in a sitting or standing position, deep breathing and coughing to clear the lungs. If fevers, pain or swelling continue, please call.

- **BRACE AMBULATION**

- Elevate the operative leg above the level of your heart as much as possible during the first week. This will help with pain and swelling. Elevate leg with a couple of pillows placed under your ankle/foot (to keep the knee from sitting in a flexed position).

- Your leg will be placed in the Bledsoe brace postoperatively. You will need to wear this brace at all times. It should be locked in full extension (0 degrees) until your first postoperative visit with Dr. Kerns.
- Remove the brace during CPM ONLY. CPM should be performed for 2 hours 3 times a day. Please keep motion from 0 to 70 degrees until your first post-operative visit.
- You will only be ambulating with Toe Touch weight-bearing (TTWB) only unless otherwise instructed. You must use your crutches.
- You will be instructed in putting on and taking off your brace, ambulating, climbing stairs, and other activities of daily life. Please listen to them carefully.
- Other Instructions:

- **EXERCISES**

- The Bledsoe brace should be worn at all times for:
 - Walking
 - Sleeping
 - Straight Leg Raises
- Follow the instructions detailed on the physical therapy sheet as explained by your therapist. Pay specific attention to:
 - Towel roll under heel
 - Isometric Quadriceps strengthening
 - Straight Leg Raises (in brace)
 - Active Flexion (bending) / Passive Extension (straightening)
- Goals include:
 - Walking with the knee in extension using crutches as needed
 - Ability to lock and unlock the Bledsoe brace
 - Obtaining full extension
 - Range of Motion: 0-90 degrees
- DO NOT TRY TO ACTIVELY STRAIGHTEN YOUR OPERATED LEG.
- You will not begin a formal Physical Therapy program until you have seen Dr. Kerns at your first post-operative visit. You will then be given a prescription for your Physical therapy rehabilitation. You will be attending PT approximately 3 times per week for 6 - 7 months post-operatively.

- **DIET**

- Begin with clear fluids and light foods (jello, clear broths). Progress to a regular diet as tolerated.

- **DRIVING**

- If your Right Knee is the operative side, you MAY NOT DRIVE FOR 6 WEEKS. It is important to regain adequate Quadriceps control before operating a motor vehicle.
- If your Left Knee is the operative side and you drive an Automatic Transmission vehicle, you may drive a few days AFTER you finish taking your pain medication. It is important that you feel very confident in your ability to respond efficiently before attempting to drive.

- **CONCERNS/QUESTIONS**

- If you feel unrelenting pain, notice incision redness, continuous drainage or bleeding from wounds, continued fevers greater than 101 degrees, difficulty breathing or excessive nausea/vomiting, please call (989) 583-7450 during regular office hours or after 4:00 pm or on weekends.
- If you have an emergency that requires immediate attention, proceed to the nearest Emergency Room.

- **FOLLOW UP APPOINTMENTS**

- If you do not already have a follow up appointment scheduled, please call (989) 583-7450 during normal office hours and ask to schedule an appointment. I would like to see you back in 7-10 days post-operatively. However, if there are any post-operative surgical concerns, please call and we will get you in sooner.

- **STUDY PATIENTS**

- We thank you for participating in clinical studies. Our intention is to improve your care and the care of future patients.
- If you have any questions regarding the study, please call the numbers provided on the study documents or you may contact the office numbers provided below.

- **IMPORTANT NUMBERS**

- Questions
 - During Office Hours (8:00-4:00) call (989) 583-7450
 - After Hours (Tell the hospital operator your surgeon's name and they will contact the appropriate on call physician)