

## Postoperative Instructions Following Open Repair of Patella Fracture-- Dr. Kerns

You are going home after surgical repair of your broken knee-cap. This does not mean that you are on your own. Please read the instructions below carefully and if you have any other questions or concerns, there is always someone available to talk you through your troubles. If it is between the hours of 8AM and 4PM, please call Covenant Medical Group Orthopedic Surgery mainnumber (989) 583-7450.

After office hours, you can reach the orthopedic surgeon on-call through our answering service at (989) 583-7450.

### Protecting Your Repair

- **Wear your knee immobilizer.** Do not take it off...ever.
- **You may walk on the injured leg only so long as you are wearing your knee immobilizer.**
- **Keep your dressing clean and dry.** Stay in cool, temperature controlled spaces to avoid excessive sweating and moisture around your incision. This will also help to prevent itching skin within your splint. Sponge bathing is the safest technique for personal hygiene, but a trash bag that has been secured over the splint or cast with Saran-wrap and tape can allow careful use of a shower. Be sure to meticulously dry the bag before attempting to remove it. Water may collect in pockets and creases, then drain down the top of your splint before you have a chance to prevent it, otherwise.

### Minimize Pain and Swelling

Even though your incisions are quite small, you have had a significant surgical procedure at your knee. It is normal to have pain throughout your wrist and forearm but rest assured that this will pass. The first two days are usually the worst and you have been sent home with more than adequate resources for controlling your pain.

- **Keep your leg elevated above heart level.** Early on, you will want to spend the majority of your time lying on your back with your leg propped up on pillows. When riding in a car, sit in the back seat with your leg up on the seat. As a rule of thumb, if your leg is throbbing, you haven't elevated it high enough.
- **Move your toes and ankle as much as your knee immobilizer will allow.** Ranging your fingers from full extension to full flexion helps to pump the fluid swelling your hand back up toward your heart.
- **Use ice.** Bags of ice, applied over your surgical dressing, can help with swelling even with your splint in place.
- **Take your pain medication.** Dr. Kerns provided you with a prescription for narcotic pain medication before your discharge from surgery. Please follow the bottle directions with respect to dose and frequency and always take these medications with food. Patients will often report nausea when these pills are taken on an empty stomach.
- **Anti-inflammatory medications can help, too.** While anti-inflammatories like Ibuprofen and Aleve have been theoretically linked to impaired tendon healing, this is far from conclusive. If the interventions discussed above are not adequate for your desired level of comfort, please feel free to take three over-the-counter Ibuprofen (200mg Advil) tablets every six hours or two over the counter naproxen tablets (220mg Aleve) every twelve hours for no more than two days at a time.
- Patients taking blood-thinning medications or who have chronic kidney insufficiency (your doctor may have talked to you about dialysis) should not take Advil or Naproxen.

- DO NOT TAKE TYLENOL when taking Norco or Percocet, the common narcotic pain medications used by Dr. Kerns. These pills already use Tylenol and additional Tylenol may injure your liver.
- **Nauseated?** It is not uncommon to experience nausea after anesthesia, despite your anesthesiologist's best efforts at prevention. Dr. Kerns also provided you with a prescription for Compazine, an anti-nausea medication. You can safely take one tablet every six hours as needed.
- **Dressing feels too tight?** Some people will swell more than others after surgery. If your dressing begins to feel too tight, you may unwrap your elastic bandages from around the knee and then rewrap them as snugly as you find comfortable. If it still feels tight, then you can have a friend or family member split the underlying white padding along outside of the knee, and then rewrap. Please, do not remove your dressing entirely. This would be a bad choice. If you feel that this is necessary, please contact Dr. Kerns' office, first.

### **Maintain Independence**

- Don't get stiff where it isn't necessary. Move your hip, ankle, and toes at least 10 times an hour, on the hour, with a full range of motion while you are awake. The more you move, the easier it will be.
- Plan ahead.
  - A freezer full of frozen, easily prepared meals can be really useful, as can a collection of pre-signed checks for bills while your hand is out of commission.
  - Plan your rides for your first two office visits. These will be 2 weeks and 6 weeks after surgery, respectively.
  - Monitor your supply of pain medication. No one wants for you to have to do without, but please remember that our office policy is to not call in pain medication prescriptions after hours or on the weekend. Call at least 24 hours in advance of running out to make sure that we have time to refill your prescription.