CHIPPEWA VALLEY ORTHOPEDICS AND SPORTS MEDICINE
www.cvosm.com

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Post-op Instructions for Patellar Realignment and MPFL

These instructions are to complement the information given by the nursing staff and Physical Therapists. They cover many common questions.

Wound Care/Showering

- Dressings are to be kept clean and dry. You may loosen the ace bandage if it feels tight. Your dressing may be removed 3 days post-op or you may leave it to be changed at your first post-op visit with Physical Therapy. A small amount of clear drainage or bleeding is normal, you may reinforce dressing as needed. If you remove the dressing, the compression stocking sent home with you or the ace wrap should be re-applied, starting at the ankle and wrapped up the leg to mid-thigh. The brace should then be replaced on the leg.
- You may get the incisions wet when showering after your first dressing change. The shower should be brief, and the wounds patted dry with a clean towel. You should shower from a seated position with your leg extended in front of you. The brace should be the last thing you remove and the first to put back on. It is important to avoid putting weight on the leg during your shower. No baths or soaking the incision until 3-4 weeks after surgery and well healed.
- If you notice purulent drainage (thick white or greenish in color) from the wound, increasing redness, or you have a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain and Swelling

- Ice your knee as frequently as possible with the cooling device or ice packs wrapped in a towel. This will help with the pain and swelling. Do not apply the cooling device or ice pack directly to the skin, as this may cause damage to the skin.
- Swelling is common after surgery. To reduce swelling, elevation is very helpful. Elevate the foot above the heart level ("toes above nose") for 30 minutes every 2 hours for the first 24-48 hours after surgery. Moving your ankles up and down on a regular basis helps circulate blood from your legs to help reduce swelling. TED compression socks may be provided. These should be worn under the brace until swelling improves. Excessive pain and swelling should be reported to your surgeon.

Postoperative Pain Management and Medication Instructions

- Listed below are the typical medications prescribed for postoperative pain management after orthopedic surgery. This does not necessarily mean that you will receive all these medications, but this information can be very helpful.
- Pain after surgery is expected. The goal after surgery is not to be pain free, but to make it tolerable. Some pain is beneficial as it lets our bodies know what not to do.
- It is important for pain management to also to use RICE (rest, ice, compression and elevation) routinely to assist with pain and swelling.

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Acetaminophen

- This medication is more commonly known as Tylenol. This medication, when combined with the other medications listed below, can amplify overall pain management. Recommended taking this on a regular schedule for baseline pain management. Max daily dose 3000 mg/day

Ibuprofen

- NSAIDs should be taken with food on a regular basis and should not be taken with prescription blood thinners. You can take scheduled or as needed as well with the acetaminophen. For best pain control, you may want to stagger the two medications evenly throughout the day. Max daily dose 2400 mg/day.

Narcotic Medications (Tramadol/Hydrocodone/Oxycodone)

- If the above pain medications do not provide adequate pain control this may be used for additional pain management and added to your scheduled regimen. Narcotic medications are stronger and used for "breakthrough pain". Breakthrough pain is an abnormal increase in pain that is not being well covered by the above medications.
- Side effects of narcotics can include constipation, nausea, confusion, cloudy thoughts, and itchiness. Make sure to stay well hydrated, be up and walk short distances frequently, and take over the counter stool softeners as long as you are taking narcotics.
- As your pain improves after surgery you can wean off narcotics gradually by increasing time between doses and/or decreasing amount (i.e. cutting tablets in half).

Muscle relaxers (cyclobenzaprine/tizanidine)

- Muscle relaxers may be prescribed after joint replacement to decrease pain related to muscle spasms. Also recommend staying hydrated, massage, elevation, gentle movement, ice, heat and stretching to manage muscle related symptoms after surgery.

Preventing blood clots

- You will likely be discharged with aspirin for blood clot prevention after surgery to be taken twice a day. It is important to take your anticoagulant at the same time every day for the amount of time your surgeon has prescribed it for. If you have a medical concern or high risk for blood clots, you may be prescribed Eliquis (apixaban) or Xarelto (rivaroxaban) and then transitioned to aspirin.
- You are also encouraged to move your ankles up and down (ankle pumps) and walk frequently. This helps circulate blood from your legs and reduces your risk of developing a blood clot. TED compression stockings also help reduce swelling and prevent blood from pooling in your legs. You should put the stockings on every morning and remove them before going to bed. It is recommended to wear these compression stockings for 3-4 weeks postoperatively or until instructed by your care team.

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Driving

- To drive you must no longer be taking narcotic pain pills. (plain Tylenol is allowed) Before driving, you must feel strong and alert and able to get in and out of the car without assistance. You may unlock the brace to allow for flexion of the knee while driving. Most people can start driving 2-3 weeks after surgery.

Weight Bearing

- Crutches and hinged knee brace are required following surgery. You should not put weight on the surgical leg until otherwise instructed by physical therapy or your physician. Your brace should always be left on. If the brace slips down or the dressing is too tight, carefully open the brace and adjust it or re-wrap the ace bandage. Always keep the leg supported. Keep the brace on and locked when up on crutches and sleeping. Only unlock the brace when doing your exercises or when seated/for cares.

Exercises

- Your brace will be locked straight. The brace should always be left in this position, except when attempting gentle passive range of motion. During range of motion exercises, you may unlock the brace to allow for up to 90 degrees of FLEXION unless otherwise directed by your surgeon. If you are uncomfortable changing the brace settings, leave it in the locked position until your first PT appointment.
- The following exercises should begin the day after surgery and are designed to increase strength of the knee. They should be done lying down on a firm surface and your brace should be on. Your goal is to achieve 25 repetitions 4 times a day for the first 3-4 weeks after surgery.
    - Quad Sets- Straighten the knee by tightening the quad (front thigh muscle), flexing the ankle (point toes to the ceiling), and pushing the back of the knee into the floor. Hold for the count of 5-10.
    - Straight Leg Raises-While maintaining the tightened quad position, slowly raise the straightened leg off the floor and hold for 5-10 seconds.
    - Ankle Pumps-Pump foot/ankle up & down 20 times per waking hour.
    - Range-of-motion-Unlock the brace using your hands at your upper thigh for support and bend your knee and then straighten it. You should spend approximately 10 minutes 3 times per day working on this.

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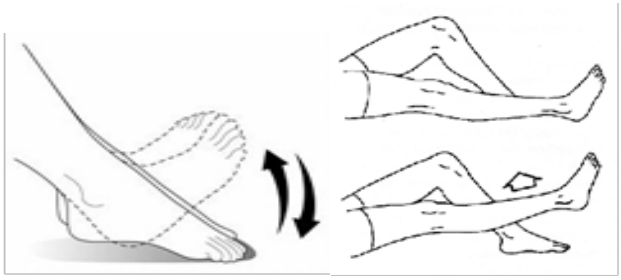

Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 2 weeks after surgery.
- Please call the office with any questions or concerns. (715) 832-1400