

Medial Patellofemoral Ligament (MPFL) Reconstruction

Post-Operative Guidelines

This document will help you plan for your post-operative recovery course following surgery. **Please read and retain this information for future reference.** Many of the questions you may have later can be answered by referring to this information.

DIET

- Begin with clear liquids and light foods (jellos, soups, etc.).
- Progress to your normal diet if you are not nauseated.

POST OPERATIVE BRACE

- A hinged knee brace is to be worn for 4 weeks after surgery.
- Please sleep with this brace on and locked in extension. See additional instructions for brace details.
- Okay to remove ACE wrap for ice therapy, but compression is helpful during the first 4 weeks.

CRUTCHES

Week 1: Full weight (wearing the brace in extension) as tolerated.

Week 2+: Transition off of crutches

Wean to 1 crutch during the 2nd week, then discontinue crutches or transition to a cane.

You may discontinue the crutches during the second week when you are comfortable with full weight on the leg. Your physical therapist may guide you with this process.

WOUND CARE

- Please keep the ACE wrap on under the brace for the first week, you may remove the ACE wrap for ice therapy.
- Underneath the ACE wrap are waterproof bandages, please keep these in place until your first post-op appointment with Dr. Ahsan.
- Under the waterproof bandages is Dermabond, this is a surgical glue and tape that is used in conjunction with absorbable stitches to close the incision.
 - Please do not touch the Dermabond or place any ointments lotions or creams directly over the incisions.
- You may shower after removing the ACE wrap by placing Saran wrap around the leg and covering the bandages.
- NO soaking of the operative leg (ie: bath or pool) is allowed until 6 weeks after surgery.

PAIN MANAGEMENT

- Local numbing medications, or peripheral nerve block are injected into the wound around the knee at the time of surgery. These will wear off within 8-24 hours and it is not uncommon for you to encounter more pain on the first or second day after surgery when swelling peaks.
- **Do not drive a car or operate machinery while taking the narcotic medication.**
- Please avoid alcohol use while taking the narcotic pain medication.

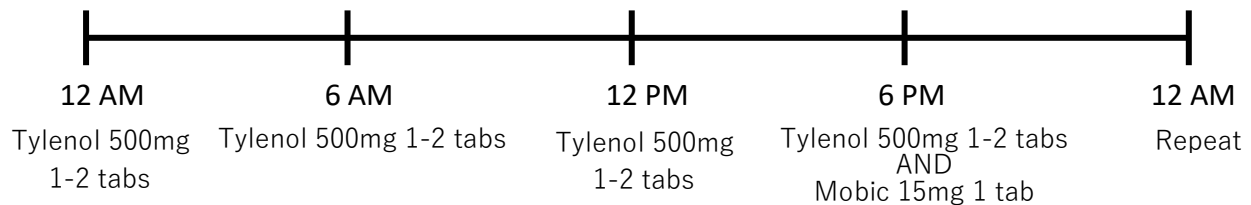
NON-NARCOTIC PAIN MEDICATIONS

Extra-Strength Tylenol (Acetaminophen) 500mg Tablets *(available over the counter)*

- Indication: pain, non-narcotic pain reliever
- Use: Take 1-2 tablets every 6 hours. Do not exceed 8 tablets in a 24-hour period.

Mobic (Meloxicam) 15mg Tablets *(Prescription sent to pharmacy)*

- Indication: pain and anti-inflammatory, non-narcotic pain reliever
- Use: Take 1 tablets daily with meals for the first 7 days after surgery.
- Side Effects: upset stomach, acid reflux. If this occurs, stop the medication.



NARCOTIC PAIN MEDICATIONS

OPIOIDS/NARCOTICS are prescription pain medications. One of the following medications will be prescribed and should only be used if adequate pain control is not achieved with combination of ice, Aleve, and extra-strength Tylenol outlined above. Side effects include constipation, nausea, drowsiness, dry mouth, itchiness. Use a 0-10 pain scale to decide how much medication to take:

Pain 0-4/10: No narcotics necessary

Pain 5-7/10: Take one tablet

Pain 8-10/10: Take two tablets

Tramadol (Ultram) 50mg tablet

- Indication: pain 5/10 or greater. Non-opioid *narcotic like* medication
- Use: 1-2 tabs every 6 hours as needed for pain. Do not take more than 8 tablets in any 24-hour time period.

Narcotics may cause nausea and constipation. Bowel regimen is recommended.

Colace (Docusate) 100 mg - available OTC

- Indication: constipation, stool softener. Take consistently while on narcotics.
- Use: Take 1 pill three times per day while you are taking narcotics.

Senokot (Senna) 8.6 mg - available OTC

- Indication: constipation, stool laxative. Take consistently while on narcotics.
- Use: Take 2 pills at bedtime. Increase to 2 pills twice daily if no bowel movement by post-surgery day 2.

Miralax (Polyethylene Glycol) 17.6 g – available OTC

- Indication: constipation, stool laxative. Take if above medications are not working.
- Use: Take one dose at bedtime. In addition to above with no bowel movement by post-surgery day 2.

Zofran (Ondansetron ODT) 4 mg - Prescription sent to pharmacy

- Indication: nausea. Take as needed.
- Use: Take 1 pill AS NEEDED every 8 hours, do not exceed 3 pills in 24 hours

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.
- Use crutches to assist with walking – Do not walk without brace on.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 4 weeks following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 6 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 5-7 days after surgery.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- **You can remove the ACE wrap for ice therapy**
- Use icing machine continuously or ice packs (if machine not prescribed) for 30-45 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides, and ankle pumps, unless otherwise instructed).
- Discomfort and knee stiffness are normal for a few days following surgery. It is safe to bend your knee in a non-weightbearing position when performing exercises unless otherwise instructed. Avoid flexing past 90 degrees.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) typically begins as soon as possible, ideally 1-3 days after surgery.

EMERGENCIES**

Contact Dr. Ahsan's Team via **MyChart** or **630-646-7000** if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal).
- Unrelenting pain.
- Fever (over 101° – it is normal to have a low-grade fever for the first day or two following surgery)
- Redness around incisions.
- Color change in foot or ankle.
- Continuous drainage or bleeding from incision (a small amount of drainage is expected).
- Difficulty breathing.
- Excessive nausea/vomiting
- Calf pain.
- If you have an emergency after office hours or on the weekend, contact the office at 630-646-7000 and you will be connected to our pager service. This will connect you with the Physician on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- Your first post-operative appointment will be 1 week following surgery for wound evaluation and to answer any questions you have regarding the procedure.
- Typically, the first physical therapy appointment is made for 1-3 days following surgery. This prescription will be communicated prior to surgery.
- If you have any further questions, please contact Dr. Ahsan's team directly.