

Postoperative Instructions – Medial Patellofemoral Ligament Reconstruction

Wound Care:

- Maintain your operative dressing for three days
- On the third day after surgery, you can remove the surgical dressing but leave in place clear plastic dressing that is on the wound – this will remain until your first follow up visit
- You may shower with the incisions uncovered beginning the day the gauze portion of the dressing is removed (postoperative day three); when you finish showering, pat the plastic dressing covering the incision dry and leave it uncovered
- You CANNOT submerge the surgical site in water (pool, bath, hot tub, lake, etc.) until given permission by Dr. Vega’s team

Activity:

- You are **weight bearing as tolerated** – meaning you can put as much weight through your operative leg as you are comfortable doing. You should have your brace on at all times. Initially, you will walk with the brace locked completely straight until quad function returns. You will need crutches to get around.
- Resume normal daily activities – walking around the house/around the block, etc.
- Avoid strenuous activities that would make you sweat until your first postoperative visit
- Do not put pillows or blankets underneath your knee, leaving it flexed for long periods of time

Brace Wear:

- Wear your hinged knee brace at all times, except when showering
- The brace should be locked in full extension (all the way straight) at night when sleeping and when walking

Ice Therapy:

- Icing (cryotherapy) can be incredibly powerful in terms of decreasing postoperative swelling and improving postoperative pain
- Ice for 20 minutes at a time, as often as possible, while awake
- Ice machines (circulating cold water therapy ice machines) can be incredibly helpful and are readily available for purchase online for less than \$200
- Do not put ice packs directly on your skin, especially if your nerve block is still working, as this could cause frostbite

Physical Therapy and Home Exercises:

- Physical therapy should start within a few days of surgery, with 1 to 2 visits per week initially
- As soon as you arrive home, you should start doing simple exercises to help regain your quadriceps function and prevent significant stiffness – quad sets, straight leg raises, ankle pumps – these should be done a few times each day
- Your physical therapist will provide you with an updated home exercise program once you start going to PT.

Postoperative Medications:

- Your postoperative medication regimen will include narcotic pain medication, oral nonsteroid anti-inflammatory (NSAID – non-narcotic pain medication), acetaminophen (Tylenol), baby aspirin, stool softener, muscle relaxer, and as-needed anti-nausea medication. A medication schedule is included at the end of these instructions.
 - **Ketorolac (Toradol)** - this is a non-narcotic medicine that works very well for decreasing pain and inflammation after surgery. You should take this medicine 3 times per day with food, starting the night of surgery and continuing for the first three days after surgery. Once this medicine is completed (all the pills should be gone), you will switch to taking diclofenac (Voltaren). Rare risks of this medication including stomach ulcers and gastrointestinal bleeding. You should not take these if you have a history of either condition or if you have a history of kidney disease.
 - **Diclofenac (Voltaren)** – this is a non-narcotic medicine that works very well for decreasing pain and inflammation after surgery. You should take this medication twice a day with food on a scheduled basis (even if feeling well) when you have finished taking ketorolac and continue taking it twice daily for 2 weeks. Rare risks of this medication including stomach ulcers and gastrointestinal bleeding. You should not take these if you have a history of either condition or if you have a history of kidney disease.
 - **Acetaminophen (Tylenol)** – this is another non-narcotic medicine that works very well for decreasing pain after surgery. You should take this medication on a scheduled basis (even if feeling well) for at least the first two weeks after surgery. The maximum dose of this medication is 3,000mg per day – taking more than this can cause liver damage. You should not take this medication if you have a history of liver disease.
 - **Baby Aspirin (81mg)** – twice daily baby aspirin is meant to help decrease the likelihood that you develop a blood clot after surgery. While risk of developing a blood clot is very low, these can be deadly if they travel from your knee to your heart. Take the baby aspirin twice a day every day for the first four weeks after surgery.
 - **Oxycodone** – this is powerful pain medicine that should be taken sparingly. Use this medicine as needed for severe pain that does not improve with taking your other medications first. Side effects from this medication include nausea (take with food to

decrease this), drowsiness, itching, and constipation (take stool softener until finished with narcotic medicine to prevent this). You cannot drive while taking narcotic pain medication.

- **Colace (Stool Softener)** – the purpose of the stool softener is to prevent you from developing significant constipation from the narcotic pain medication. You should take the stool softener twice a day until you are completely finished taking narcotic pain medicine. Stop taking the stool softener if you develop loose stools or diarrhea.
- **Methocarbamol (Robaxin - Muscle relaxer)** - this medication is meant to help with muscle spasms that sometimes develop around the time of surgery. This medication can cause drowsiness so it is best taken at night. This medicine is to be taken only as needed
- **Zofran (Anti-Nausea Medication)** – this is meant to help with nausea that may be related to the anesthetic medicines given to you during surgery. Sometimes, the narcotic pain medication can also cause nausea. This medicine is to be taken only as-needed.

Emergencies:

- For emergencies only, please contact the practice at 440-204-7800 (from 8am to 4pm) or 216-444-2200 (4pm-8am; ask for the orthopaedic resident on call) if any of the following are present:
 - Fever greater than 101°F (it is not uncommon to have a temperature that is elevated for the first few days after surgery but above 101° is a true fever)
 - Uncontrollable pain that persists after taking your pain medication
 - Continuous drainage or bleeding from an incision that does not stop even after re-enforcing the dressing with new gauze
 - Chest pain and/or difficulty breathing
 - Severe calf pain
 - Excessive nausea/vomiting that does not respond to the anti-nausea medication

Follow Up Visits:

- Typically, the first postoperative visit is between 10 and 14 days after surgery; the purpose of this visit is to assess your surgical wounds, review the postoperative protocol, and answer any questions you have regarding the surgery
- If you do not already have a post-operative appointment scheduled, please contact the office at 440-204-7800

Additional Questions:

- If you have any further questions, please contact the practice at 440-204-7800 during normal business hours

		Scheduled Medications (take at the same time every day as instructed)				As-needed Medications (take only if needed)			
	Pain Score (0-10 with 10 being worst pain imaginable)	Acetaminophen (Tylenol – 2 pills three times per day for 14 days)	NSAID (Ketorolac for 3 days, then diclofenac for 14 days)	Aspirin (blood clot prevention – 1 pill twice per day for 14 days)	Oxycodone – 1-2 pills ever 6 hours as needed)	Colace (1 pill twice per day as long as taking oxycodone)	Robaxin (1 pill every 6 hours as needed for muscle spasms)	Zofran (1 pill every 8 hours as needed for nausea)	
Night of Surgery									
10pm		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>						
1 Day after Surgery									
8am		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>	Aspirin 81mg <input type="checkbox"/>					
2pm		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>						
8pm		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>	Aspirin 81mg <input type="checkbox"/>					
2 Days after Surgery									
8am		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>	Aspirin 81mg <input type="checkbox"/>					
2pm		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>						
8pm		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>	Aspirin 81mg <input type="checkbox"/>					
3 Days after Surgery									
8am		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>	Aspirin 81mg <input type="checkbox"/>					
2pm		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>						
8pm		Acetaminophen 1000mg <input type="checkbox"/>	Ketorolac 10mg <input type="checkbox"/>	Aspirin 81mg <input type="checkbox"/>					
4 Days after Surgery									
8am		Acetaminophen 1000mg <input type="checkbox"/>	Diclofenac 75mg <input type="checkbox"/>	Aspirin 81mg <input type="checkbox"/>					
2pm		Acetaminophen 1000mg <input type="checkbox"/>	-						
8pm		Acetaminophen 1000mg <input type="checkbox"/>	Diclofenac 75mg <input type="checkbox"/>	Aspirin 81mg <input type="checkbox"/>					