



## Benjamin Barden M. D.

### POST OP KNEE MPFL RECONSTRUCTION v1.1

You are recovering from medial patellofemoral ligament reconstruction surgery. The following instructions are to help make your recovery as rapid and successful as possible. This information is designed to answer some of the most frequently asked questions regarding what to expect and what to do after knee surgery. These are general, if you have any questions or concerns, please call our office: (404) 355-0743.

1. Keep your knee elevated above your heart as much as possible for the next few days.
2. Keep your dressings on for 3 days. Do not get them wet. You may shower by wrapping plastic wrap over your dressing. After 3 days, the bandages may be removed (keep the white steri-strips on) and the incisions with their white steri-strip tape can be left open to the air. After 72 hours you may shower and let the water run over the knee and pat dry. We recommend putting a loose-fitting ace wrap back on the knee to prevent incision irritation.
3. Postoperative bleeding is not unusual. Reinforcing your dressing is all right. If you have concerns about the amount of bleeding, please call our office.
4. You may apply ice packs to your knee 30 minutes on/off as needed to help with pain and swelling. We recommend icing in this manner for the first 48-72 hours. If you have a Cryocuff ice machine, please use this during waking hours.
5. You may walk with your crutches AND your BRACE LOCKED IN FULL EXTENSION placing as much weight as you can tolerate. You should perform one bend to 90 degrees flexion per day. Remember that the surgery will cause your thigh muscles to be weak, so take your time and be safe. Additionally, if you received a nerve block from anesthesia, you will need your crutches until sensation and strength return to your leg.
6. Your postoperative therapy begins on the day of surgery. Initially, you should perform ankle pumps (up and down motion), straight leg raises, and thigh isometric muscle contractions. There is no limit to the amount of these exercises you may do. No therapy should cause sharp pain. Stop all activities that cause this kind of pain.
7. The only activity you should absolutely avoid is bending your knee beyond the brace settings and walking with your brace in the unlocked position.
8. Postoperative pain is common but should be controlled by the prescriptions given to you. Narcotics frequently cause itching and this can be treated with a non-drowsy over-the counter antihistamine (Zyrtec, Allegra, Claritin etc...) or Benadryl if needed. Narcotics can also cause constipation. If you are using a narcotic pain medication, it is recommended that you take an over-the-counter stool softener twice daily, such as Colace or MiraLAX. If you have not had a bowel movement in 2 days, you should use a laxative of your choice to help facilitate a bowel movement. We often recommend Dulcolax in pill form as a laxative.
9. Anti-nausea medication, such as Zofran, is often prescribed. Take this medication as needed.
10. You should take one 81 mg aspirin (baby aspirin) twice a day for 6 weeks to reduce the possibility of blood clots. Call your doctor's office below immediately if your pain worsens or you have worsening calf or foot swelling.
11. You should take 1000mg of Tylenol (2 extra-strength tablets), every 8 hours with 400-600mg of Ibuprofen (Advil/Motrin) at the same time with food for the first 5 days after Surgery. Do not take Tylenol if you have a history of liver disease or allergy. Do not take Ibuprofen if you have a history of ulcers, diabetes, or renal disease.
12. Call your doctor's office for any fevers greater than 101.5 F. Present to the Emergency Room for chest pain, shortness of breath, intractable nausea/vomiting or pain, or any other concern.
13. You will be seen in the office 3-5 days after your surgery. Please call my clinical assistant: Sarah Williams ATC if you do not already have an appointment: (404) 355-0743 ext. 1615