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POST OP TIBIAL TUBERCLE TRANSFER / MPFL-MQTFL RECONSTRUCTION v1.1

You are recovering from knee 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 guidelines, if you have any questions or concerns, please call our office: 24/7 (404) 355-0743.

1. Keep your knee elevated above your heart as much as possible for the next few days.
2. Keep your dressing on. Do not get it wet. You may shower by wrapping plastic wrap over your dressing. Keep the incisions dry until your first visit. The exception is if your surgeon used an "Aquacel" dressing in which case you can take off the ace wrap and gauze pads and shower after 72 hours with the Aquacel dressing on and pat it dry. Place the ace wrap back on after your shower.
AQUACEL DRESSING YES \ NO
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 or use your cooling machine. We recommend icing in this manner for the first 48-72 hours. If you are using a cooling machine, you may leave this running continuously or use as needed.
5. You may walk with your crutches once your nerve block wears off placing **NO** weight on your leg with your brace **LOCKED IN EXTENSION AT ALL TIMES** while walking. 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. **YOU SHOULD PERFORM ONE BEND TO 90 DEGREES ONCE A DAY** to prevent scar tissue. 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. Remain locked in extension in your knee brace.
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 recommend Dulcolax.
9. You should remain in your post-op knee brace locked in extension at all times, including when you are sleeping at night. If your brace or ace wrap feel too tight, you should feel free to loosen them as needed for comfort.
10. Anti-nausea medication, such as Zofran, is often prescribed. Take this medication as needed.
11. 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. Sometimes, calf and foot swelling can be due to the ace wrap around your knee causing restriction of blood flow return to your heart. Always try to loosen the ace wrap and elevate your foot as an initial remedy for calf and foot/ankle swelling. If this does not resolve the issue, call the office.

12. You should take 1000mg of Tylenol (2 extra-strength tablets), AND 400mg Advil (2 tablets/capsules Ibuprofen) AT THE SAME TIME, with food, every 8 hours for the first 5 days after Surgery. Use your narcotic prescription for any breakthrough pain.

IMPORTANT: Do not take Tylenol if you have a history of liver disease or allergy. Do not take Advil or other NSAIDS If you have diabetes, kidney disease, are on a blood thinner, or have a history of gastrointestinal ulcers.

13. Call your doctor's office for any fevers greater than 101.5 F and present to the Emergency Room for any chest pain, shortness of breath, intractable nausea/vomiting or pain, or any other concern.
14. You will be seen in the office approximately 5-7 days after your surgery – depending on which office. Please call my clinical assistant, Sarah Williams ATC, if you do not already have an appointment: (404) 355-0743 ext. 1615