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POST-OPERATIVE INSTRUCTIONS

Patellar Instability-MPFL Reconstruction

Dr. Colten Luedke

MEDICATION

- A strong pain medication has been prescribed for you. Take as instructed and as needed.
 - o Pain medication may cause constipation. You may take an over the counter stool softener (Miralax, Colace, Senekot, etc) to help prevent this problem.
 - o You should take these medicines with food or they may nauseate you.
 - o You may not drive or operate heavy equipment while on narcotics
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 10-12 hours after your surgery). **DO NOT WAIT UNTIL THE BLOCK COMPLETELY WEARS OFF.**
 - o Most patients find it helpful to take two pills 10-12 hours after surgery and another two, four hours later to help transition to oral pain medications.
 - o The first 48 hours are typically the worst for pain and gradually improves.
- Take one regular aspirin (81 v mg) once a day for 30 days unless you have been prescribed Lovenox, are on another blood thinner, or have a history of stomach ulcers.
- Resume all home medications unless otherwise instructed.
- Call immediately to the office, (979) 776-0169, if you are having an adverse reaction to the medicine or have any questions

WOUND CARE

- Immediately after surgery, if you feel your bandages are too tight, you may loosen the ace wrap only.
- You may remove your bandages 5 days after surgery unless instructed otherwise. **Do not remove the steri-strips** (small pieces of tape directly on skin) covering the incisions. If they fall off, cover incisions with band-aids.
- Incisions may not get wet until after your first postoperative visit. NO

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submersion of wounds (bath, hot tub, pool) until instructed.

- To shower or bath with your dressing still on, wrap the leg in a large plastic garbage bag with tape at both ends. After you remove your dressings, wrap with plastic wrap or use waterproof bandaging. Pat dry if knee gets wet.
- Continue to use the bag or plastic wrap or waterproof bandage to keep incisions dry for at least 2 weeks after surgery.
- NO submersion of wounds (bath, hot tub, pool) is allowed until instructed to be safe.

CRUTCHES

- Toe touch weight bearing (resting foot on the ground) with your brace on the involved leg is allowed unless instructed otherwise after surgery to help with balance and stability.
 - You can fully stand on both legs but no walking weeks 0-3
- Crutches will be needed until your physical therapist and Dr. Luedke deem them unnecessary. This decision will be based on strength in the involved leg and your ability to walk with a normal gait (heel to toe walking without a limp).

BRACE

- The post-operative brace, locked in full extension, is to be worn at all times until your first post-operative appointment.
- It is necessary for even the simplest tasks such as going to the restroom to protect your meniscus repair.
- Your brace will be worn for 6 weeks. Adjustments to your brace will be made at the 4-6 week mark for progression of motion

EXERCISE

- Following surgery 4 main goals exist:
 - 1. Regain full knee extension **the most important**
 - 2. Quadriceps contraction and activation
 - 3. Control of pain and swelling.

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- 4. Maintain patellar mobility – push knee cap side to side 4 times per day 25 reps per time
- To help gain full knee extension, place a small rolled up towel under your ankle and push the back of your knee toward the floor by contracting your quadriceps muscle.
 - **NEVER place towels or pillows under the knee or allow the knee to rest slightly flexed**
- Depending on your limitations after surgery, several exercises will be beneficial for you at home: quad sets, ankle pumps, and straight leg raises will be demonstrated to you after surgery and should be done 3-4 times a day for 25 reps.
- DO NOT put pillows under the knee while you sleep. This can lead to a flexion contracture. Instead, place the pillows under your heel to ensure full knee extension.
- Elevate your leg for several days if you are sitting to help with swelling.
- Being up and around after surgery will help diminish the risk of blood clots.
- Therapy is a key aspect of recovery and should start within 2-3 days after surgery.

SLEEP

- Nighttime will probably be the most uncomfortable time. You should use the sleeping aid as prescribed to assist you in resting well.
- You should sleep in your post-op brace until your first post-op visit where you will get additional instructions depending on your progress.
- You may slightly loosen the straps to aid in sleeping if you feel they are tight.

COLD THERAPY

- Ice or cryo-cuff (if you are given one) should be used for comfort and swelling. Use it at least 20 minutes at a time. Many patients use it an hour on then an hour off while awake for the first 2-3 days.
- Never apply directly to exposed skin. Place a dishtowel or t-shirt

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- between your skin and the ice or cryo-cuff.
- A simple bag of frozen peas may be used as an inexpensive ice pack. Buy several bags of peas, place in a gallon size zip-lock bag making them about an inch thick and removing as much air as possible. Return to freezer, lying flat after you have finished.

BRUISING

- The lower leg may become swollen and bruised, which is normal. This is from the fluid and blood from the knee moving down the leg and should resolve in 10- 14 days.
- If you experience severe calf pain and swelling, call the office immediately.

EMERGENCIES • If you have an emergency contact Dr. Luedke's office at (979) 776-0169 and he will be contacted.

- Contact the office if you notice any of the following:
 - Uncontrolled nausea or vomiting
 - reaction to medication
 - inability to urinate
 - fever greater than 101.5 (low grade fevers 1-2 days after surgery is normal)
 - severe pain not relieved by pain medication/ice/elevation of leg
 - redness or continued drainage around incisions (a small amount is normal for a few days)
 - calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

DRIVING

- You may drive when off all narcotics and have stopped using crutches.

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- If your right knee is the operative side, you may not drive for 6 weeks.
- You must be able to brake firmly and comfortably.

If you have any questions, please do not hesitate to contact the office.