



INSTRUCTIONS AFTER PATELLAR STABILIZATION SURGERY

Clinic Appointment:	<input type="checkbox"/> <u>7-10 days after surgery</u>	Blood clot Medication:	<input type="checkbox"/> <u>Aspirin</u>
PT Appointment:	<input type="checkbox"/> <u>1-4 days after surgery</u>	Stool Softener:	<input type="checkbox"/> <u>Colace</u>
Bandages:	<input type="checkbox"/> <u>OK to Remove in 3 days</u>	Pain Medication:	<input type="checkbox"/> <u>Tramadol</u>
Brace:	<input type="checkbox"/> <u>None</u>		<input type="checkbox"/> <u>Hydrocodone</u>
			<input type="checkbox"/> <u>Oxycodone</u>

- 1. Urgent concerns:** It is normal to feel a little warm after surgery or to have some mild diffuse redness and swelling around the joint. However, if you have a fever $> 100.5^{\circ}$ F, increased pain in your calf while walking, have substantial redness over your wounds, or active drainage from your incision, please call my office at (360) 930-0222.
- 2. Weight Bearing:** Following surgery you should be able to bear full weight on the operative leg with a cane, crutches or a walker. You may discontinue the cane, crutches, or the walker as soon as you feel stable and are able to walk without a limp. This can take a couple of weeks.
- 3. Return to Work/School:** You may return to work or school when you are comfortable and are able to do so safely and with appropriate accommodations that make it possible to ice and elevate the limb for comfort. Full recovery will be faster if you do not overdo it in the first few weeks.
- 4. Nerve Blocks:** You may have had a nerve block given by the anesthesiologist. This was a Novocain-like injection near your groin or in your spine. The numbness should last 6-12 hours. When the block wears off, it can do so rapidly. We recommend that you take pain medication on the evening of surgery when the pain first starts. It is easier to maintain good pain relief if it is caught early rather than waiting until the pain is severe.
- 5. Pain Medication:** You may have to take the pain medicine regularly for the first day or two. Take 1 pill as often as every 4 hours or 2 pills as often as every 6 hours if needed. This means that you can take a little higher dose but must space the doses out a little further to avoid harm to your internal organs. After the first couple of days, you can wean yourself off the medicine and just take it as needed.
- 6. Elevation:** One of the best things you can do to prevent swelling in the knee, leg, and ankle is to let gravity do the work. Wear compression hose for comfort. In general, during the early days after surgery, 1 hour of sitting or standing will require 4 hours of elevation to keep the swelling in check. A recliner or sofa is good, but lying on the ground with the leg up on a chair is better.
- 7. Constipation:** Pain medications can make it difficult to go to the bathroom. Drink plenty of fluids and use a fiber supplement like Metamucil to guard against this. If you go for more than 3 days without a bowel movement, try a laxative. We recommend Miralax, an over the counter laxative. You may also have been given a prescription for Colace, a stool softener to help with this.
- 8. Bandages:** Keep your bandages clean and dry. The outer dressing may be removed after 3 days and the steri-strips on the skin will peel up and fall off in about a week. The steri-strips may be removed when it appears that they are no longer holding firmly to both sides of the incision. You will likely use a brace to supplement the stabilization of the patella when you begin range of motion exercises.
- 9. Sutures:** Your wounds are held in place with sutures. If the sutures are black or purple, they will be removed in our office 7-10 days after your procedure. If they are translucent, they are absorbable and may fall off on their own or will be removed in our office at a post-operative visit.

10. **Bathing:** In the first few days after surgery you may sponge bath but you should keep your dressings clean and dry. You may take a quick shower in 3 days if the wounds are dry and not leaking any blood or fluid. If you shower, avoid direct spray against the wounds and do not scrub the wounds or use harsh soaps on them as long as the sutures or steri-strips are in place. If sutures are still visible, the wound should be protected with a waterproof dressing which can be obtained from our office. You should not immerse the wounds in bath water or pool water for at least 14 days after the procedure, longer, if there is any persistent drainage from the wounds.
11. **Cold Therapy:** Ice packs or a commercial cold water recirculation unit can be very helpful to reduce pain and inflammation after the surgery. Since the bandage is thick, you can leave the ice bags on top of it until the knee gets cold. Do not apply ice directly to bare skin because you could injure the skin. Frozen peas or corn can be used over a towel and refrozen for later use.
12. **Sleep:** The first 48 hours can be rough. Getting uninterrupted sleep is difficult in the days after surgery. You may sleep with the cold water recirculation unit on your leg if you have an ace bandage or towel between the pad and your skin to protect you from frostbite. Benadryl, 50mg works well for some people to help them get to sleep.
13. **Itching:** It is common to have mild itching near the surgical site. Sometimes people will have itching all over their body as a reaction to the medications. Benadryl, 50mg taken as often as every 6 hours can help with this.
14. **Nausea:** Anesthesia and pain medication can cause nausea. If your nausea is severe or leads to throwing up, please call our office at (360) 930-0222 so we can prescribe an anti-nausea medicine. Have the pharmacy phone number handy. It is usually printed on the prescription bottles.
15. **Follow Up:** You should have your first post-op appointment already scheduled along with your first physical therapy appointment. If not, call us at (360) 930-0222 to schedule it. We need to see you within the first 10 days after the operation to check your wound.
16. **Clothing:** Baggy pants or pajamas work well to cover the knee, and the postoperative dressings.
17. **Driving:** Have someone drive you to the first appointment, particularly if you are still taking pain medication. Even if you feel ready and able to drive yourself, you may be held liable by the law if you are unable to drive safely. This usually takes a little longer after right knee surgery than left knee surgery. It can take 4 weeks after left knee surgery and 6 weeks after right knee surgery.
18. **Blood Clots:** If you were on anticoagulation medication prior to your procedure, please resume your medications according to the instructions given by your regular physician. There is some evidence that if you are over 50 years of age, an Aspirin taken daily may reduce your risk of forming dangerous blood clots until you return to full activity. It is also important to remain mobile moving your legs, ankles, and toes regularly to prevent dangerous clots.
19. **Physical Therapy:** Your first visit should be within 1 week of surgery and preferably within a day or two. Regular education and evaluation by a physical therapist is critical to a quick and satisfactory recovery from surgery. The therapist will insure that you are making steady progress back to full activity and can help you avoid postoperative complications. If motion is not adequate by 6 weeks, it may be necessary to return to the operating room to regain motion.
20. **Exercises:** Quad-sets, straight leg raises, and ankle pumps are important during the first days after surgery to maintain function in your muscles and motion in your joint. If you are watching TV, do these exercises for the duration of each commercial break as instructed by your physical therapist. It is especially important to get the knee into full extension while getting as much flexion as you can do comfortably.
21. **Questions:** Any questions or problems contact my office anytime at (360) 930-0222. There is always a doctor on call.



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Rehabilitation Protocol Summary for Medial Patellofemoral Ligament Reconstruction

Brace

ROM Brace locked in extension for ambulation
 J-Brace during activity

Postoperative							
Weeks					Months		
1-2	3-4	5-6	7-8	9-12	4	5	6
X							
X	X	X	X	X			

Range of Motion Goals

0-30°
 0-90°
 0-120°
 Full

X							
	X						
		X					
			X	X	X	X	X

Weight Bearing

25% Weight Bearing
 50% Weight Bearing
 Full Weight Bearing

X							
	X						
		X	X	X	X	X	X

Modalities

Electrical muscle stim (EMS)
 Biofeedback
 Cryotherapy

X	X	X					
X	X	X					
X	X	X	X	X	X	X	X

Stretching

Hamstring, Gastroc-soleus, IT Band, Quads
 Patella Mobilization, Avoid lateral glide
 Patella Mobilization

X	X	X	X	X	X	X	X
X	X	X	X	X			
					X	X	X

Strengthening

Quad isometrics, Straight leg raise, active knee extension
 Closed chain (Gait, toe raises, wall sits, mini squats)
 Knee flexion hamstring curls (90°)
 Knee extension quads (90°-30°)
 Hip Abduction-Adduction, multi-hip
 Leg Press (70--10°)

X	X	X	X				
	X	X	X	X	X		
		X	X	X	X	X	X
		X	X	X	X	X	X
		X	X	X	X	X	X

Balance/Proprioception

Weight-shifting, mini-trampoline, BAPS, KAT, plyometrics

	X	X	X	X	X	X	X
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Conditioning with J-Brace for first 3 months

Upper Body Exercises
 Stationary bike
 Aquatic Program
 Swimming with Kicking
 Walking
 Ski machine
 Stair machine
 Running: Straight Line
 Cutting: Lateral carioca, Figure of 8's
 Return to full athletics

X	X	X	X				
		X	X	X	X	X	X
		X	X	X	X	X	X
			X	X	X	X	X
			X	X	X	X	X
				X	X	X	X
					X	X	X
					X	X	X