

Patient: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

## POST-OPERATIVE INSTRUCTIONS – MPFL RECONSTRUCTION

### WOUND CARE

- You may remove the Operative Dressing on Post-Op Day #3 (72hrs after surgery).
- Alternatively if you would like you can leave dressing on until follow-up if within 7-8 days but keep it dry.
- Leave steri-strips in place until they fall off on their own, usually 2 weeks postop.
- An ACE wrap may be used to control swelling, do not wrap this too tight.
  - If the initial ACE wrap feels too tight you may loosen it.
- **There may be a small amount of fluid/bleeding leaking at the surgical site. This is normal**
  - the knee is filled with fluid during the procedure and can leak for 24-48hrs after surgery.
  - You may change/reinforce the bandage as needed.
- Use the Cryocuff or Ice as often as possible for the first 7 days, then as needed for pain relief.
  - Always keep a towel, ACE wrap or other barrier between the cooling unit and your skin.
- **You may shower on Post-Op Day #3.** Gently pat the area dry. Do not soak or submerge the knee in water.
- Do not go swimming in the pool or ocean until 4 weeks after surgery or when otherwise instructed. Keep dry incisions as dry as possible.

### BRACE/AMBULATION

- Your leg will be placed in a brace post-operatively.
- You will need to wear your brace at all times until we discuss it further. (including when you sleep!)
- It should be locked in full extension (0 degrees) if adjustable.
- You may remove your brace for showering/bathing
- You may use crutches for comfort but **you can put your full weight on the leg as tolerated.**

### POST-OP MEDICATIONS – Multimodal approach to pain control


- In general your pain will be controlled with a combination of substances. Prescriptions unless otherwise discussed are electronically sent to your pharmacy. This is a carefully made plan we use to minimize narcotic use.
  - Meloxicam OR Celebrex - Anti-inflammatory medication taken on a scheduled basis
  - Acetaminophen – Non-narcotic pain medicine taken on a scheduled basis
  - Oxycodone - This is a strong narcotic, to be used only on an “as needed” basis for pain.
  - Aspirin 81mg – This medicine is used to minimize the risk of blood clots after surgery.
  - Zofran – take as needed for nausea
  - Other -

\*Do NOT take Meloxicam/Celebrex with other NSAIDs such as Ibuprofen, Motrin, Aleve, etc.\*

### FOLLOW-UP:

- If you develop a Fever ( $\geq 101.5$ ), Redness or Drainage from the surgical incision site, please call our office.
- Please call the office to schedule a follow-up appointment for your incision check if you do not already have one, 7-10 days post-operatively.
- IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE.

### INSTRUCTIONAL VIDEOS:

- You can check out Dr. Varkey's YouTube page for instructional videos
- Link: <https://tinyurl.com/3d4w3dr3>
- Or scan the QR code 



### REGIONAL ANESTHESIA (NERVE BLOCKS)

The anesthesia team may have performed a nerve block for you if safe in the setting of your care. This is a great tool used to minimize pain. Typically the block may start wearing off overnight. This can be a challenging period but utilize your as needed pain medications to try and manage this period.

## HELPFUL INFORMATION

- If you had a block, it will wear off between 8-24 hrs postop typically. This is period when your pain may go from nearly zero to the pain you would have had postop without the block.
  - This is an abrupt transition but nothing dangerous is happening.
  - You may take an extra dose of narcotic when this happens.
- We suggest you use the pain medication the first night prior to going to bed, in order to ease any pain when the anesthesia wears off.
- You should avoid taking pain medications on an empty stomach as it will make you nauseous.
- Keep your leg elevated to decrease swelling, which will then in turn decrease your pain. I would elevate the foot of your bed by putting a couple of couch pillows between your mattress and box spring. I would not keep pillow directly under your ankle
- Do not sleep with a pillow behind your knee, this may make it harder to get your knee fully straight long term.
- There will be MORE swelling on days 1-3 than there is on the day of surgery. This also is normal. The swelling will decrease with the anti-inflammatory medication, ice and keeping it elevated. The swelling will make it more difficult to bend your knee. As the swelling goes down your motion will become easier
- You may develop swelling and bruising that extends from your knee down to your calf and perhaps even to your foot over the next week. Do not be alarmed. This too is normal, and it is due to gravity
- There may be some numbness adjacent to the incision site. This may last for 6-12 months or longer in some patients and is expected.
- You may return to sedentary work/school in the next couple of days when you feel up to it. You will need to keep your leg elevated as much as possible
- Do not drink alcoholic beverages or take illicit drugs when taking pain medications.
- It is against the law to drive while taking narcotics. You cannot drive if your **Right leg** has been operated on until we discuss it in clinic.
- You should wean off your narcotic medicines as soon as you are able.
  - Most patients will be off or using minimal narcotics before their first postop appointment.
- Pain medication may make you constipated. Below are a few solutions to try in this order:
  - Decrease the amount of pain medication if you aren't having pain.
  - Drink lots of decaffeinated fluids, prune juice, and/or eat dried prunes
  - If the first 3 don't work start with additional solutions
    - Take Colace – an over-the-counter stool softener
    - Take Senokot – an over-the-counter laxative
    - Take Miralax – a stronger over-the-counter laxative