



**TWIN CITIES
ORTHOPEDICS**

General Post-Operative Instructions

Knee Extensor Mechanism Repair

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WOUND CARE

- After surgery, wounds are typically covered with gauze, cotton padding and an ACE bandage. This should be left in place for 2 weeks. Dressings will be removed at your first post-op appointment.
- Skin stitches or staples will be removed in clinic. In some cases, the stitches will be under the skin and will not need to be removed.
- You may shower once the initial dressing is removed (at the first clinic visit). Do not submerge the wounds in water (bathtub, pool, lake) until the wound is well-healed.
- If the dressings become saturated or drainage continues beyond the first few days, call the office.

ICING

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation.
- A continuous flow ice machine is often offered to patients to use after surgery. If you have chosen to rent/purchase this machine, it should be used continuously for approximately the first 48 hours after surgery.
- If you did not purchase the ice machine, you can substitute a bag of ice or frozen vegetables.
- After the first 48 hours, the unit should be used in 20 minute intervals every couple of hours for the first 3-4 weeks after surgery.
- Keeping your leg elevated above your heart will also help decrease swelling.
- Your brace can be opened or removed to apply ice. You should put the brace back on when moving around, in case you stumble and come down on the leg.

DIET

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food (crackers). You may progress slowly to your normal diet if not nauseated.
- Patients are sometimes prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, call the office.
- Pain medication can also cause constipation. In addition to discontinuing the pain medication when appropriate, an over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATION

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon or primary care provider.
- Typically, patients are given a prescription for narcotic pain medication. Most commonly, this is hydrocodone + Tylenol (Norco) or oxycodone + Tylenol (Percocet). This should be used as instructed if pain is not otherwise well-controlled. Typically, patients require narcotic pain medication for around 2-5 days following surgery.
- Try to take pain medication with food to help decrease nausea.
- Prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication (hydrocodone, oxycodone, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect.
- Some patients may receive a nerve block prior to surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication likely will not take away all of your pain. It is okay and expected to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 4-6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY

- Crutches or a walker will be used initially after surgery for protection.
- You may bear weight as tolerated while in the knee brace, and the brace must be locked in extension (out straight) for the first two weeks. Weight bearing will be advanced gradually during rehab.
- You may unlock the brace and allow the knee to bend slightly when sitting/lying down. The settings on the brace should allow the knee to bend to 30 degrees initially.
- The brace should be left in place at all times after surgery, except during therapy, icing and while taking a shower. It should be worn during sleep. Be careful if you get up at night and are not wearing the brace to avoid stumbling over cords/rugs and falling on your operative leg.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Do not resume sports, use exercise equipment or perform strenuous physical activity (including lifting weights) until your surgeon says it is okay.
- Physical therapy will be prescribed after surgery usually beginning at 2 weeks. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving after surgery is okay once narcotic pain medication has been stopped and you are cleared by your surgeon. The length of time until patients are able to return to driving varies depending on which leg is involved.

BRACE

- A brace was applied after surgery. It should be left in place until directed to remove it by your surgeon. It may be removed to shower, ice the knee and change clothes, but should be worn at all other times, including while sleeping. Be careful if you get up at night and are not wearing the brace to avoid stumbling over cords/rugs and falling on your operative leg.
- The range of motion allowed by the brace will be adjusted during your rehab. The brace should be locked straight when walking for at least the first six weeks. This is to protect the knee from buckling and damaging the repair. The brace may be unlocked while sitting/lying down or removed/opened while icing.

BLOOD CLOT PREVENTION

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour (when awake) for the first 4-6 weeks after surgery.
- Elevation of the operative leg also helps decrease swelling and prevent blood clots.
- Most patients will be instructed to take 325mg aspirin daily for approximately 4 weeks after surgery. This may differ in certain situations.
- Be sure to let your surgeon know if you have a history of blood clots.

REASONS TO CALL THE OFFICE

Please call the office for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Excess drainage at surgical incisions
- Worsening pain in the operative leg not controlled with medication
- Excess nausea/vomiting
- Numbness in the operative leg
 - Some numbness can be expected initially after surgery if a nerve block was used
- Redness around the incision site
- Any other questions or concerns

FOLLOW-UP APPOINTMENT

- A post-operative follow-up appointment will be made for you at the time your surgery is scheduled for 2 weeks after surgery. If you do not have an appointment scheduled after surgery, please call our office.

SUGGESTED VIDEOS

Please scan the QR codes below to watch Dr. Hess patient education videos for additional post-op instructions.

Knee Brace Instructions



Knee Post-Op Exercises

