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Medial Patellofemoral Ligament (MPFL) Reconstruction Surgery Post-Op Instructions

ACTIVITY

- Try and rest the first few days following surgery. When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling.
- **Ice** or the **cryo-cuff** can be used as much as possible for the first 3-4 weeks to help decrease swelling. [please see “medication” section for more information on icing]
- **Crutches** are recommended for the first 5-7 days (and occasionally longer) to help provide support and aid in ambulation. You may put as much weight on the leg as tolerated.
- You have been placed in a **hinged knee brace**. You will likely have to wear this for the first 4-6 weeks following surgery. The brace needs to be locked (straight) in extension when standing or walking. The brace must also be worn while sleeping at night. You may remove your brace 4-5 times a day while seated or lying down, and begin to bend and straighten your knee.
- Driving is contraindicated when taking narcotic pain medication.
- Return to (sedentary) work or school 3-4 days after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Murar.

DRESSINGS

- Remove the outer dressing and gauze wrap 48 hours after surgery. Leave the steri-strips (white tape adhesive strips) in place and let them fall off on their own. You may shower with these strips on. Let warm, soapy water run over the incisions, but do not vigorously scrub over any of the incision sites as they are still healing. You may also place band-aids over the incisions after you remove the dressing if you prefer them covered.
- Please **DO NOT BATHE, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER** as this can increase risk of infection. Wait one month from surgery or until you are directed to do so. Showers as aforementioned are okay.
- Small amounts of bloody drainage, numbness at incision site, knee swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under band-aids.

MEDICATION

- You have been prescribed one of the following **pain medications**:
 - Oxycodone – Please take 1-2 tabs every 4-6 hours as needed for pain.
 - Norco – Please take 1-2 tabs every 4-6 hours as needed for pain.

- In addition to narcotics it is advised that you take scheduled **NSAID (non steroidal anti-inflammatory)** and **Tylenol** (alternating) for the first three days and then as your pain gradually improves you will wean off the narcotics and take NSAID/Tylenol on an as needed basis. If you have been prescribed Celebrex do not take other NSAIDs (i.e. Advil/Aleve) in combination with this.
 - **Tylenol (Acetaminophen)** – take no more than 4,000 mg in a 24 hour period. Do not take if you have liver disease.
 - **Ibuprofen (Advil)** – take no more than 2,400 mg in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
 - **Naproxen (Aleve)** – if you prefer this over the counter NSAID over Ibuprofen/Advil you may take this instead. **DO NOT TAKE BOTH IBUPROFEN & NAPROXEN** as this increases your risk for toxic side effects. Please take no more than 1,500 mg of Naproxen in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
- **ICE** – while you are resting use cryo-cuff or place cold ice packs on your knee for 15-20 minutes at a time. Place a clean, dry towel or pillowcase between your skin and the cold pack. Ice can be used as much as possible for the first 3-4 weeks to help decrease the swelling.
- You may have been given a prescription for **enteric coated Aspirin 81 mg** which you should take twice daily with food to decrease the risk of post-operative blood clot formation.
- You have also been given a prescription for **Senokot** to take 2 tabs daily as needed for constipation. Sedation during surgery, narcotic medications, decreased fluid intake, and decreased activity all contribute to constipation. If you find that you are still constipated despite the Senokot medication, there are other over the counter medications that you can try: Miralax, Fleet enema, or bisacodyl suppository.
- If you have any side effects (i.e. Nausea, rash, difficulty breathing) from medication discontinue its use and call our office.

PHYSICAL THERAPY

- If you have not already scheduled your physical therapy appointments, please call 952-808-3000 to schedule. Make your first PT appointment within 3-5 days after surgery. Schedule out appointments 1-2x/week for 3-4 weeks in advance.
- A list of home exercises has been enclosed for you to do during your first week following surgery to help facilitate early knee range of motion and to prevent stiffness.

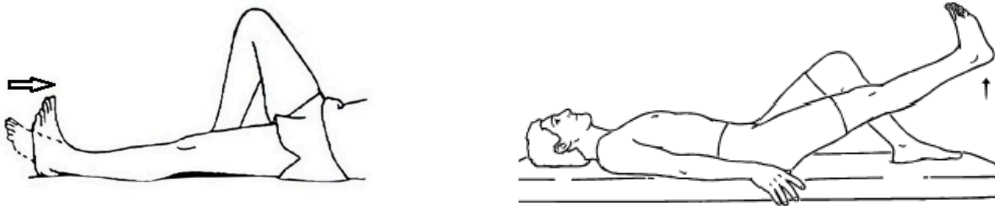
FOLLOW UP

- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment for 10-14 days after your surgery.
- You will be seen by Dr. Murar's Physician Assistant. Your first post-operative visit will include a review of your intra-operative findings and to go over any questions you may have.
- Sutures will also be removed at that time if necessary.
- Call the office immediately if you develop a fever (>101.4), chills, excessive incision drainage, calf pain, or persisting leg numbness.
- If you have any other questions or concerns please feel free to call the office.

EXERCISES

- You can **perform the following exercises 3-5x per day** to help strengthen your muscles (these should be performed with your brace on)

1) **Ankle pumps.** Point, then flex both feet. Do this 30 – 50 times per set.



2) **Straight leg raises.** While lying on your back, tighten the muscles on the top of your thigh, stiffen your knee (keep knee straight), and raise your surgical leg up (about 12 inches). Try to hold for 5 – 10 seconds. Slowly lower your leg down, rest, and repeat.

3) **Passive knee ROM.** While seated in a chair, work on bending the knee of your surgical leg while using your non-operative leg to help. Place your non-operative ankle over your surgical ankle/shin and gradually pull back (or towards you) to bend the knee to 30 - 60 degrees. Then place non-operative foot behind your surgical ankle and push away from you to straighten knee back to 0 degrees. Work on bending knee from 0 – 30/60 degrees in the knee brace – this may feel slightly uncomfortable or tight but if experiencing moderate to severe pain do not push past that point.

