



Discharge Instructions - Medial Patellofemoral Ligament (MPFL) Reconstruction with Tibial Tubercle Osteotomy (TTO)

Dr. Wulf

Anesthesia: ☐ General ☐ Spinal ☐ Sedation ☐ Local ☐ Block _____

- You have received anesthesia; rest and relax the day of surgery. Please be aware of possible dizziness and exercise caution when you are up. **A responsible adult must be with the patient for 24 hours following surgery for safety and falls prevention.**
- Begin with liquids, and advance diet as tolerated; avoid greasy and spicy foods.
- No important decisions or signing of legal documents for 24 hours. Do not operate power machinery.
- Do not drive for 24 hours following surgery or while taking narcotic pain medications.
- No alcoholic beverages for 24 hours, or while taking narcotics.
- If you are unable to urinate, feel uncomfortable, and it has been 8-10 hours since you last urinated, go to an urgent care or the ER.
- If you had a block, be sure to start your oral pain medication before it begins to wear off.

Nerve Block:

- If you have had a nerve block, be sure to start taking your pain medication *before* the block begins to wear off.
- Typically, a nerve block will last between 8-24 hours from the time of injection. Notify your surgeon if the nerve block lasts more than 48 hours.
- Do not use your operative extremity until the nerve block has worn off. Then, follow your surgeon's activity restrictions.

Activity:

- Keep your leg elevated with a pillow under your calf or ankle, not under the knee.
- Keep your operative extremity at or above the level of your heart for the first 2-3 days. This is the best position to reduce swelling.
- You are to be **toe touch weight bearing** on the operative leg for 6 weeks post
- You must use crutches and wear your knee immobilizer when walking.

Brace:

- Wear the immobilizer at all times (even when sleeping), except for showering and physical therapy exercises.
- It is likely that the brace will not fit as well after dressing is removed. If so, feel free to adjust the straps accordingly. If you have trouble with this, feel free to ask your physical therapist for assistance or contact our office at 952-456-7010 for help.

CPM:

- Begin CPM use within 24-48 hours after surgery. Please call 952-456-7010 with questions in regards to CPM delivery/setup. Our office will get you in contact with the CPM rep.
- CPM should be used for 6 hours per day total.
 - ☐ A good schedule to follow is 2 hours increments, 3 times daily. Other patients elect to sleep in the CPM at night to get in their 6 hours all at once.



- ☐ If this schedule does not work for any reason, find a schedule that works best for you to total 6 hours per day
- Start CPM at whatever degree you can tolerate, but a good starting point is 0-30° at 1 cycle/minute
 - ☐ Increase 5-10° per day as tolerated
 - ☐ Maximum range of motion up to 90° for the first 6 weeks post op

Physical Therapy:

Make an appointment for the next 3-7 days.

Dressing:

- Keep your dressing dry and intact as instructed.
- Your knee has an abundant amount of gauze/dressing on it. Do not be alarmed if range of motion feels limited secondary to this while the dressing is still on.
- You may remove dressing in 48 hours. You may remove the ace bandage, gauze, and yellow antibiotic film. Please leave steri-strips in place until your two week post op appointment, or until they fall off on their own.
- Wait to shower until initial surgical dressing is removed. Please cover your incisions with plastic wrap when showering to help avoid incisions getting wet. Pat area dry with a clean towel after showers.
- Do not submerge your knee in water (bathtub, hot tub, pool, etc.) until your incisions healing has been cleared by your surgeon's office for these activities.

Ice:

- For 6 weeks: at least 3 times/day for 20 minutes. Do not exceed 20 minute increments. Leave at least 30 minutes in between icing sessions to avoid frost bite.

Pain/Medications:

- Expect to have pain following surgery. Pain level of 4-5/10 is our goal. The pain medication prescribed for you should provide relief, but often does not take all the pain away. The first few days following surgery can be the most painful. Just remember, it will get better.
- It is important to keep your pain under control. It is difficult to catch up with your pain if it becomes severe.
- Resume your preoperative medications per your physician. Refer to your medication list given to you at discharge.

DVT Prevention:

- Blood clots are at a higher risk of developing in the leg after having orthopedic surgery and when your activity is limited following any surgical procedure.
- We can reduce the risk of this rare complication from surgery giving you Xarelto for two weeks after surgery. You will start Aspirin twice daily after your two week post op appointment.
- This medication is NOT for pain control, but specifically for prevention against developing blood clots after surgery and must be taken as scheduled.
- You should start taking Ibuprofen once you have finished your anticoagulation regiment (Xarelto), unless you are allergic or have been told that you cannot take non-steroidal anti-inflammatory medications.



Office Return:

- Please call the office (952-456-7000) on the first day or two after surgery to schedule a two week post-operative visit if it has not already been arranged. Most likely, it has already been arranged.

Report to Surgeon any of the following:

- Fever over 101 degrees for more than 24 hours
- Foul drainage, redness, or warmth at the operative site
- Large amount of bleeding or drainage
- Severe and uncontrolled pain
- Persistent nausea or vomiting
- Hives, rash or intolerance (Stop medications)

Who to Contact

- Contact information for Dr. Wulf:
 - Kristine Zwieg, PA-C
 - Anna Lundeen – Care Coordinator
 - **952-456-7010**
- Our Orthopedic Urgent Care is available 7 days a week from 8 AM to 8PM, and can assist afterhours or on weekends should you need to be seen by an orthopedic provider. Phone number is 952-456-7000

****Call 911 or go to the nearest ER if you experience shortness of breath, redness, warmth, and extreme pain in the calf. These are signs of a blood clot.**

If you have questions or concerns please contact your physician or our 24-hour answering service at 952-456-7000.

Other Instructions:

Nurse _____ Responsible Adult _____