



TWIN CITIES ORTHOPEDICS

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POST-OPERATIVE INSTRUCTIONS

Quadricep Tendon Repair

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 **knee immobilizer** or **hinged knee brace**. You will likely have to wear this for the first 6 weeks following surgery. The hinged knee brace needs to be locked (straight) in extension when standing or walking. The immobilizer also must be worn while sleeping at night. You may remove your immobilizer/brace 4-5 times a day while seated or lying down, and begin to gently bend and straighten your knee. Do not put any weight on your leg while bending your knee.
- Driving is not recommended when taking narcotic pain medication.
- Return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Murar.

Dressings

- Dressing should remain in place for 7 days. You can shower with the dressing on as it is waterproof. After 7 days, it is okay to remove the dressing. Leave the steri-strips intact, they will fall off on their own. You can then shower with the dressing off after day 7 but do not vigorously scrub at the incision site.

- 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.
- Small amounts of bloody drainage, numbness at incision site, 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 tab every 4-6 hours as needed for pain.
 - Ultram – Please take 1 tab every 6 hours as needed for breakthrough 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.
 - **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 also have been given a prescription for **enteric coated Aspirin 325 mg** which you should take once daily with food to decrease the risk of post-operative blood clot formation.
- You have 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

- The need for a timing of outpatient physical therapy will be determined by Dr. Murar and discussed at your first post-operative visit.

- Please perform your prescribed home exercises to help facilitate early knee range of motion and to prevent stiffness.

Follow Up

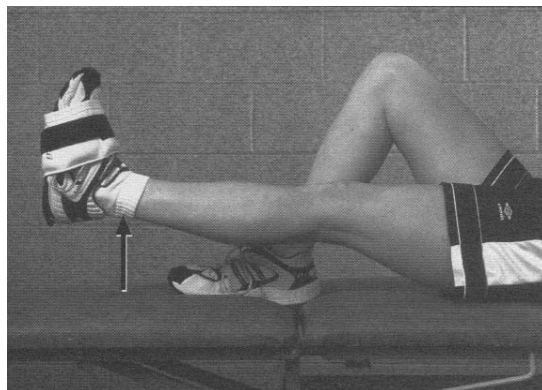
- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment 7-10 days after your surgery.
- You will be seen by Dr. Murar or his Physician Assistant for your first post-operative visit to review your intra-operative findings and to go over any questions you may have.
- Sutures will also be removed at that time if needed.
- Call the office immediately if you develop a fever (>101.5), chills, excessive incision drainage, calf pain, or prolonged leg numbness.
- If you have any questions or concerns please feel free to call the office.

Home Knee Exercises

Straight Leg Raise

With your leg straight, lift your heel 12 inches from the ground and slowly back down. No weight is needed on the foot during the first 2 weeks after surgery.

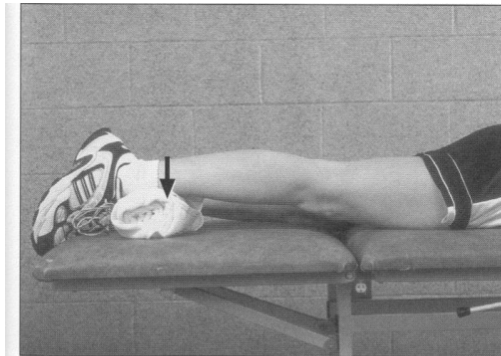
[3 sets of 15 reps as tolerated]



Isometric Quad Contractions

While lying on your stomach, place rolled up towel under ankle. Straighten knee against towel and hold for 15 seconds, stop, and then repeat.

[3 sets of 15 reps as tolerated]



■ Figure 21.29 Quad set, prone.