



DISCHARGE INSTRUCTIONS FOLLOWING Medial Patellofemoral Ligament Reconstruction by Dr. Matelic

NORMAL SYMPTOMS:

- Pain controlled with medication
- Increased swelling with activity
- Stiffness without activity
- Mild drainage from incisions

YOU SHOULD:

- Continue current dosage and wean from narcotics
- Elevate, rest and ice your surgical extremity
- Perform your home exercises as prescribed
- Reinforce dressings with gauze and ace wrap

IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD CONTACT YOUR OAM PROVIDER:

- Uncontrolled drainage from your incision
- Redness or heat around your incision
- A temperature greater than 100.5 degrees
- Uncontrolled swelling
- Calf pain and/or swelling
- Pain to the surgical extremity that is not controlled with pain medications
- A fall or injury to your knee

IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD REPORT TO THE EMERGENCY ROOM:

- Chest pain
- Shortness of breath at rest
- Confusion

PAIN CONTROL

- Several methods may be used to help manage your pain:
 1. **Cold Therapy.** Ice packs should be applied to your knee for approximately **20 minutes** at a time, several times a day as needed for pain and swelling. Care should be taken during cold application. Use a dry, clean towel between the skin and ice and only keep the ice on the knee until the skin becomes numb. If you have decided to use a **cold therapy machine**, over the first 1-2 weeks it should be used whenever you are resting and during the night. As the pain and swelling gradually resolve, it should be used following exercises and Physical Therapy. *Please refer to the written instruction sheet that you were given.* The nurse that scheduled your surgery will contact Motion Technologies, the company that distributes this equipment, in regards to precertification. If you have any questions regarding your insurance coverage, you may call the company direct at 616-706-4705 or 616-706-4579.
 2. **Medication.** Several different types of medication are used to help reduce pain. They usually work best when they are used along with other methods of pain management.
 - **NSAIDS** (Non-Steroidal Anti-Inflammatory Drugs) such as Aspirin, Aleve or Ibuprofen. These medications reduce pain and swelling. They relieve mild to moderate pain. They

can be used in addition to Narcotics. They may or may not be prescribed for you. Do not take if you are on blood thinners or have a stomach ulcer history.

- **Narcotics** such as Norco, Vicodin or Hydrocodone. These medications are used to reduce your pain ***and must not be taken any more often than prescribed.*** In an effort to keep your pain under good control, you should take the pain medication routinely as prescribed during the first 24-48 hours following surgery. As the pain lessens, begin taking it as needed (within the prescribed guidelines). As you become more comfortable, you may substitute Tylenol or an NSAID for pain control.
 - **Nausea** – Pain medication should be taken with food as this will help to prevent any stomach upset or nausea which is common.
 - **Do not drink alcoholic beverages while taking pain medications.**
 - **Do not drive while taking pain medication.**
 - Requests for pain medication should be made during normal office hours. Please Note: **Pain medication will only be ordered during regular office hours** and cannot be called in to a pharmacy.
 - The goal is to have you off narcotics 4-6 weeks post operatively or sooner if possible.
 - You may resume your routine medications unless otherwise instructed.
3. **Nerve Blocks.** You may receive a nerve block before, during, or after your surgery to help manage your pain. If you are a candidate, your anesthesiologist will explain this to you prior to the procedure.
4. **Local Anesthetic.** A long acting local anesthetic is commonly injected into your knee during the surgery. This often gives added pain relief and will last only a few hours.
- **Constipation** – Is common with narcotic pain meds. Increase your fluid and juice intake, eat more vegetables and bran. Also, you may purchase Pericolace, a stool softener at any pharmacy to help with constipation. Take this two times per day.

BLOOD CLOT (DVT) PREVENTION

- Aspirin 81 mg twice a day for two weeks to help prevent blood clots (DVT). **Do not take** Aspirin if you are on blood thinners, i.e. Coumadin, Eliquis, Xarelto, Pradaxa, have an allergy to Aspirin, or have a history of stomach ulcers.
- Quadriceps Isometric exercises and ankle pumps should be done for a few minutes three times an hour throughout the day when you are awake.
- If you have been given a pair of compression devices for your legs, wear these when you are resting until you return to normal activities.

WOUND CARE

- **Bleeding** during the first 24 hours following surgery is normal. If bloody drainage is noted through the ace wrap, do not remove the existing dressing, but apply a fresh layer of dressing and a new ace wrap (elastic bandage) over top. Apply direct pressure over the area where the drainage is noted. Lie down, elevate your leg, and apply ice. If drainage continues throughout the night, call the office for further instructions.
- **Dressing** – You may remove the ace wrap and dressings approximately 48 hours after your surgery ***unless otherwise instructed.*** Your incisions are usually closed with dissolvable sutures and several steri-strips. ***The steri-strips should be left on until your follow up appointment.*** Reapply a dressing and the ace wrap if necessary. A little drainage is common, but should stop.
- **Compression Wrap** – You should continue to use the wrap on your leg until your follow up appointment if your swelling requires. This aids in circulation and to keep the swelling down. Apply it with your leg elevated on the bed or couch. Begin at your ankle and wrap it past your knee. If your ace wrap is too tight, your toes will swell and may become discolored. If this happens, loosen the ace wrap.

- **Shower** – You may shower after the dressings are removed. Soap and water may run over your incisions in the shower. Do not scrub the incisions. Do not soak the incisions. Gently pat your incisions dry after your shower.
- **Bathing** – No tub baths, hot tubs, or swimming in a pool or lake until your incision sites are completely healed and your sutures/staples have been removed (at least two weeks). Do not soak your knee under water.
- Swelling and **discoloration/bruising** of the knee is expected. This will gradually resolve.

PHYSICAL ACTIVITY

- **Crutches** – You should use your crutches with **full weight bearing** on your surgical leg with the brace on at all times when you are up and moving around for about two weeks following surgery.
- **Brace or Immobilizer** will be applied to your knee. Remove the day after surgery three times daily for exercises. Otherwise, it should be worn at all times, including sleeping, unless otherwise instructed.
- **Exercises**
 - Work on quadriceps knee extension isometrics and ankle pumps for a few minutes 3-4 times every hour throughout the day when you are awake.
 - Heel slides should begin the day after surgery. Slide your heel up and bend your knee gradually as your pain and swelling allow. **DO NOT bend your knee past 90 degrees.**
 - Avoid strenuous activity involving your knee until you are seen by the doctor or PA.
- **Elevate** your knee – Lie down and elevate your leg on 1-2 pillows (above the level of your heart) as much as possible the first week after surgery. The pillows should be placed under your lower leg only and not under your knee. After the first few days once you begin increasing your activity, plan several rest periods throughout the day and elevate your leg above your heart. This will help to relieve the swelling and pain.
- **Physical Therapy** – You will have Physical Therapy following your surgery. This usually begins sometime about two weeks after surgery unless otherwise instructed.
- **Driving** – You should be ready to drive a car once you can bend your knee 90 degrees and you are **no longer taking narcotics**. If surgery is on your **right leg** it may take up to 4-6 weeks.
- **School** – Students usually return to school within about a week after surgery.
- **Work** – Light sedentary jobs can often be resumed in 1-2 weeks. Return to heavy or strenuous occupations may take several months. You will need to discuss returning to work with your doctor.

FOLLOW UP APPOINTMENT

- You should be seen in the office for follow up **10-14 days** following your surgery. A wound check, details of your surgery, and expectations will be reviewed. **Call the office today if you do not already have an appointment.**
- OAM has a physician available by phone 24 hours per day for **EMERGENCY** orthopaedic needs. Routine questions, including requests for pain medication, are best handled during weekday business hours. (616) 459-7101.

QUESTIONS?

- If you have any questions that have not been covered by this handout, please contact Dr. Matelic's staff at **(616) 459-7101**.