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MPFL Reconstruction Discharge Care Instructions

Recovering at Home

This care sheet gives you a general idea about how to care for your knee at home. These recommendations are designed to help your recovery process, but each person may recover at a different pace. Follow the steps below to get better as quickly as possible.

Wound care:

- Keep your surgical dressing on until post-operative Day 2 (48 hours after surgery). You may then remove the outer ACE wrap, cotton roll, and gauze dressings at the end of day 2. Please leave the base layer of bandages called Prineo, which looks similar to mesh, over the incision. Any visible stitches will be removed in clinic at your first post-operative appointment, 10-21 days after your surgery.
- After dressing is removed, if wound is continuously draining please call your doctor.
- Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. You may see old, dried blood on the dressings as well, which is normal.
- Do **NOT** put any alcohol, ointments, lotions, or any other medications on or around your wounds or stitches.
- After you remove your bandages, you may apply Band-Aids to the wounds daily for comfort. Alternatively, you can cover them with a light gauze dressing and a clean ACE wrap if you prefer.
- If your dressing is saturated, you may reinforce it with additional bandages. If this is not working, call your doctor's office.

- Keep the incisions clean and dry until post-operative Day 3. **Do not soak the knee in water or go swimming until cleared by your doctor.** You may shower on post-operative Day 3 (see Activities of Daily Living below).

Brace Usage:

- The brace worn on your operative leg should be locked in extension (0 degrees) with ambulation (walking/weight bearing), and may be unlocked with non-weight bearing, for 4-6 weeks after surgery. If you also had concurrent meniscus surgery (meniscus repair) then the brace may need to be worn longer than 4-6 weeks depending on Dr Cooke's discretion. Please follow the weight bearing instructions you were given at discharge from the hospital the day of your surgery. Dr Cooke or his team will instruct you at your first post-operative appointment on any changes in weight bearing status or changes to how the brace is worn.

Physical Therapy:

- Do not start physical therapy until 2 weeks after surgery. You will be given your physical therapy prescription at your first post-operative appointment 10-21 days after surgery.

Nerve Block:

- The anesthesia team may have placed a nerve block prior to surgery to help with post-operative pain control. Numbing medication is injected around the nerves that travel to that extremity. As a consequence, you may have significant numbness or inability to move your extremity after surgery for a limited period of time.
- When the nerve block begins to wear off, you will feel a tingling sensation, like pins and needles. You will know the nerve block has worn off if you have increasing pain or are able to move your arm or leg. The nerve block usually wears off in about 8-12 hours, but sometimes can last up to 24 hours. Call the office if you are still unable to move your extremity 24 hours after a single injection nerve block.

Pain Management:

Medications

- You received a prescription for an opioid pain medication (narcotic) today. Take the medication as your doctor prescribed.
- For the first 24 hours please alternate your opioid (narcotic) medication with anti-inflammatory medications (Ibuprofen) every 4-6 hours, even if you are having no pain. The nerve block can last up to 24 hours; taking pain medication for the first 24 hours is to ease any pain as the nerve block wears off.

- After 24 hours taper off of the opioid as your pain decreases. Tapering means taking the medication less frequently than what your doctor prescribed, until you stop taking the medication all together. To reduce pain and help you taper off the opioid, you can take acetaminophen (Tylenol) in addition to the opioid, but you must make sure you do not exceed the maximum dosage of acetaminophen allowed per day. Check the ingredients of opioid pain medication to see if it contains acetaminophen.
- If your opioid pain medication does not contain acetaminophen (Tylenol), you may take acetaminophen (Tylenol) in addition to the prescribed opioid medication (up to 3,000mg of acetaminophen per a 24-hour time period)
- If your opioid pain medication contains acetaminophen, add the amount of acetaminophen in your prescription to the amount you are taking with the OTC medication. Make sure you do not exceed 3,000mg or 3 grams of acetaminophen in a 24-hour time period.
- You should eat something when you take pain medication to avoid an upset stomach. Only take narcotics as prescribed as needed. Plan to gradually reduce your narcotic use over the coming weeks.
- Pain medication may make you constipated. Please try the following solutions in this order. If these do not work, please call the physician's office.
 - A. Decrease the amount of pain medication if your pain has improved.
 - B. Drink more decaffeinated fluids, including water.
 - C. Eat foods high in fiber (fruit, prunes, etc...).
 - D. Take stool softeners as prescribed while taking narcotic pain medication.

Pain and Swelling Control

- Emphasize pain and swelling control throughout post-operative week 1 and week 2. The swelling is brought down by elevating your leg and using ice.
- Elevate (raise or prop up) your leg in your brace at all times when sitting or lying down. When elevating, your leg should be completely straight. Place pillows or blankets length ways under your leg, with an extra pillow under your foot to keep your knee straight (do not place pillows under your knee). Be sure your knee is above your heart level.
- Use the ice machine or ice packs continuously on post-operative Day 0 and Day 1. Place a thin towel or sheet between your skin and the ice pack to protect your skin. Beginning on post-operative Day 2, you may use ice up to 20 minutes every hour for pain relief.

- An ACE wrap is used to help control swelling. Use the ACE wrap continuously until post-operative day 3 (when your bandages may be removed), and then as needed for swelling control. Do not wrap the ACE wrap too tight.

Prevention of blood clot formation after surgery

- Your doctor may prescribe medication, such as Aspirin 81mg, as needed to reduce your risk. If so, please take as prescribed.
- If prescribed aspirin for the prevention of blood clot formation begin taking it the day after surgery and take it each day for 30 days or as directed.
- Wear your compression stockings for 2 weeks to reduce the risk of blood clot formation.

Activities for daily living

Diet

- Return to your normal diet.

Bathing

- Sponge bathing (keeping your bandages dry) is recommended until post-operative Day 2.
- You may shower on post-operative Day 2. You should remove the ACE wrap and bandages before showering. You may let warm soapy water flow over the wounds, but do **NOT** scrub the wound. Gently pat the wound area dry with a clean towel.
- It may be necessary to sit on a shower chair or edge of a bathtub if you do not have good balance.
- Do **NOT** soak the knee in water or go swimming until cleared by your doctor

Driving/Travel

- Ultimately, it is your judgment to decide when you are safe to drive, but if you are at all unsure, do not risk your life for someone else's.
- If your right knee is the operative side, you may not drive until at least cleared by your doctor.

- If your left knee is the operative side and you drive an automatic transmission vehicle, you may begin driving 2 to 3 days after you finish taking your pain medication at the earliest as long as you are comfortable and confident in your driving ability. It is important that you feel very confident in your ability to respond quickly before attempting to drive.
- Avoid flights and long-distance traveling for six weeks after surgery. It is important to discuss your travel plans with your physician, as additional medications may need to be prescribed to help prevent blood clots if certain travel is unavoidable.

Work/School

- You may return to desk work or school within the first week after surgery. Any activity level higher than the above must be cleared by your physician.

Physician Follow-Up (Post-Operative Day 10-21)

- Follow-up care is a key part of your treatment and safety. If you do not yet have a follow-up appointment scheduled, please call the office to schedule an appointment for 10-21 days after surgery with Dr. Cooke, Sam, or Krista.

When should you call for help?

It is common to have fevers during the first 48 hours after surgery. It is normal to have swelling throughout the limb that was operated on. You may notice significant bruising in that limb. This will improve with time. Reasons to call the doctor include:

- Fever over 100.4°F (38°C), chills, sweats
- Redness or drainage from the surgical incision site after post-operative Day 3
- Excessive bleeding (you had to change the dressing twice)
- Excessive redness
- Foul odor
- Excruciating pain
- Yellow or green discharge or drainage
- Shortness of breath
- Color change in arm or hand
- Inability to eat
- Severe vomiting, diarrhea, or constipation, or cannot keep any liquid down
- If you cannot urinate the night after surgery, please go to the emergency room

Please call the office if you are experiencing any of the symptoms or have other concerns.

Call 911 or go to the emergency room immediately for evaluation anytime you think you may need emergency care.

For example, if:

- You passed out (lost consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have heart palpitations (feel heart racing)