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Patellar Tendon/Quadriceps Tendon Repair 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 cast intact. It will be removed by Dr Cooke’s team at your first post-operative visit, 10-21 days after surgery.
- Contact the office immediately or go to the emergency department if excessive swelling of the foot occurs, numbness or tingling in your toes, or your toes begin to turn blue.
- **Do not soak your leg in water or go swimming until cleared by your doctor.** You may shower on post-operative Day 3. The cast must stay DRY. It is NOT water-proof. Please wrap the cast in a clean dry towel, and then place a clean garbage bag over your leg covering the entirety of the towel-wrapped cast. Please be careful standing in the shower, if possible use a shower chair for stability.
- If your cast becomes wet, please contact the office to schedule an earlier visit to replace the cast.
- Do NOT stick anything down or into the cast.

Weight bearing

- Non-weight bearing with your operative leg with crutch assist.

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

- Please ice your knee as much as possible to help with pain and swelling. You can put ice on the extremity for 20 minutes per hour. Always use a thin towel or dish cloth between your skin and the ice to ensure you do not burn your skin.
- Due to the cast it will be difficult to place ice on your surgical leg, but do NOT remove the cast.

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.

Physical Therapy

- You do not have to schedule physical therapy at this time. When you are seen for your initial postoperative appointment you will receive instructions when to begin physical therapy.

Activities for daily living

Diet

- Please resume your normal, pre-hospital diet. Please eat a diet high in protein and fiber. Protein helps you heal. Fiber keeps your bowels regular so you do not become constipated. Please drink at least 8 glasses of water a day, or more, to keep well hydrated.

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, and after your cast is removed, 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 2 weeks 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)