

# Dr. Matthew L. Hansen, MD

*Sports Medicine and Shoulder Specialist*

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## **POST-OPERATIVE EDUCATION: MPFL RECONSTRUCTION**

### **WEIGHT BEARING & BRACE:**

You will use a knee brace following surgery. Your knee should be kept in this brace at all times. Keep the brace locked out straight every time you walk. You should be toe-touch weight bearing until you follow up in clinic. This means you will place your foot on the ground to “hold your place,” but will not put any weight on the foot. If you are doing this correctly, all muscles in your hip and leg will be relaxed. Use your walker or crutches EVERY time you are out of bed or chair. You will be instructed on how to progress your weight bearing status at your first clinic visit.

### **MOVING YOUR KNEE:**

You should keep your knee in extension at all times when you are walking. You can unlock the brace (starting the day after surgery) anytime you are seated or lying down. DO NOT bend your knee more than 90 degrees until instructed otherwise by your surgeon. You should elevate your foot when seated and in bed to your heart level or above to help reduce swelling.

### **LEG EXERCISES:**

It is OK for you to start bending your knee IN THE BRACE the day after surgery (unless otherwise directed by your surgeon). You may use your other leg to help support your operative leg. DO NOT bend your knee more than 90 degrees. We also recommend that you spend 30-60 minutes four times a day with your knee straight. Place a small pillow under your ankle so you really feel the stretch behind your knee. You should also elevate your foot 30 minutes four times a day to your heart level or above to help reduce swelling.

### **ICE:**

Please note that with the dressings placed during surgery, you may notice decreased benefit from the ice. Use as needed and if you notice benefit. Ice is most helpful in the first 3 days after surgery, but can help up to 2 weeks after surgery. We do not recommend that you use heat, as this can increase swelling.

If you chose to purchase a commercial ice machine, please use it according to manufacturer’s recommendations. If you chose not to purchase an ice machine, you may use a commercially available ice bag or fill a large plastic bag with ice and water. (Do not place a plastic bag directly on your skin, rather place a towel on your knee in between your skin and the ice bag.) You can ice your knee 20 minutes on and 20 minutes off throughout the day. Do not ice an area longer than 30 minutes at a time, as this can cause frost bite.

## **BANDAGES:**

You may unwrap the ACE bandage and remove WHITE gauze the morning after surgery. Please leave the YELLOW gauze on your skin and cover with Band-Aids, then replace the ACE bandage to minimize swelling. You may remove your bandages and shower three days after surgery. If you have white Steri Strips, DO NOT remove them. It is OK to get your incisions wet, but it is very important not to soak the incision underwater (no bath, pool, hot tub etc...) for 3 weeks. Wash the incisions gently with mild soap and pat dry with a towel. Do not place any lotion or other ointment on your incisions. You may cover sutures with Band-Aids for comfort. An ACE bandage worn on the knee for the first 2 weeks will help control swelling.

## **MEDICATIONS:**

Narcotic pain medicine (such as Percocet – oxycodone or Norco – hydrocodone): Take this AS NEEDED only.

Start with Percocet (stronger) if given a prescription for multiple narcotics. Transition to Norco (less potent) as your pain improves. You may stop narcotics whenever you can tolerate the pain. Do not take additional Tylenol (also called acetaminophen) with these medicines, as they already have Tylenol in them. You may SUBSTITUTE Tylenol for a narcotic pill if you choose to. Be certain that you do not exceed the maximum Tylenol dose as noted on the Tylenol bottle.

Stool softener: Pain medicines often cause constipation. It is best to take this medicine when you start taking narcotics and before you have a problem.

Blood Thinner: You will be prescribed a blood thinner (Ecotrin – stomach-protective aspirin, Lovenox – by injection, or Eliquis) to be taken for prevention of blood clots. These will be used for 2-6 weeks.

Zofran (ondansetron): You may take this medication if you are having nausea or vomiting.

Robaxin (methocarbamol): This muscle relaxer may help with spasms experienced commonly after knee arthroscopy.

You may also use SCDs (sequential compression devices) following surgery. These squeeze your legs, and are further protection against blood clots. Compression stockings should be worn for 3 days, with short breaks.

## **FOLLOW-UP APPOINTMENTS:**

You should have a **follow-up appointment** with your surgeon in about 2 weeks. You will also have an additional visit with the Physician's Assistant within a few days of your surgery. Call (480) 964-2908 right away if you do not have an appointment already scheduled. We will check your incisions and remove any sutures at the 2-week visit. We will also answer any specific questions you may have about your surgery. You should start Physical Therapy as directed (commonly within 1-3 days of surgery), unless other instructions were given.

**CALL OUR OFFICE** at (480) 964-2908 with any urgent or emergent questions or concerns that you may have, or if you develop swelling in your leg with calf pain, swelling that will not go away when you elevate your leg, a temperature above 101.4, or drainage from your incisions.

If you experience high fever (above 102.5), chest pain, difficulty breathing, fainting: go to an **Emergency Department** close to your house.