



Post-Op Instructions: MPFL Reconstruction (Patellar stabilization)

DIET

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated

MEDICATIONS

Prescribed Narcotics:

- This medication may be taken as needed for pain as directed on the bottle.
- Do not drive or drink alcohol while taking this medication.

Acetaminophen (Tylenol):

- This medications may be taken as needed.
- Please use as directed on the bottle.
- Do not exceed 4,000 mg of Acetaminophen in a 24 hour period.

Blood thinner:

- Please take blood thinner as directed. Most patients are prescribed a daily Aspirin for four weeks after surgery. It is important to take as prescribed to help prevent blood clots.

Stool softener:

- We recommend picking up an over the counter stool softer such as MiraLax, as a common side effect of narcotic pain medication is constipation.
- It is normal to take several days to make a bowel movement after surgery.
- Drink plenty of clear liquids as the anesthesia can cause dehydration/constipation as well.

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the stocking bandage, do not become alarmed, reinforce with additional dressings as needed.
- To avoid infection, keep surgical incisions clean and dry for the first **7 days** following surgery – you may shower by placing a large plastic bag over your brace beginning the day after surgery. NO immersion of the operative leg (ie: bath or pool).
- Wait until your first post-operative appointment to have Dr. Rawal's team remove the surgical dressing
- Please do not place any ointments, lotions, or creams directly over the incisions.
- Once the sutures are removed **at least 10-14 days post operatively** you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). NO immersion in a bath until given approval by our office.

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.



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- Use crutches to assist with walking – you are able to bear as much weight as tolerated on operative leg unless otherwise instructed. You must weight-bear with the brace on locked in full extension after surgery. Do not walk without brace on
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides, and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery. It is safe to bend your knee in a non-weight bearing position when performing exercises unless otherwise instructed. Avoid flexing past 90 degrees
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.

PHYSICAL THERAPY

- Formal physical therapy (PT) typically begins 1-2 weeks after surgery. A prescription and protocol will be provided at your first post-op visit.
- Your physical therapist should already have Dr. Rawal's protocol, but it is available on the OrthoTeam website if you would like to review it.

BRACE

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise instructed after the first post-operative visit.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- You may use the ice machine for 2 hours on, then remove for two hours during the day until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin. DO NOT PLACE ICE PACK / PAD DIRECTLY ON SKIN.
- Icing should not be performed while sleeping.

EMERGENCIES

Contact our office at (608) 231-3410, if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain
- Fever (over 101° – it is normal to have a low grade fever for the first day or two following surgery) or chills



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- Redness around incisions
- Color change in your foot
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- Calf pain
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled or if you need to change the appointment, please contact our scheduler at 608-231-3410 to schedule.
- Your first post-operative appointment will be scheduled with one of the Physician Assistants for a wound check, physical therapy protocol and to answer any further questions you have regarding the procedure
- Typically the first post-operative appointment is made for 10-14 days following surgery for suture removal if you have any sutures in place.