



Michael S. Day, MD, MPhil

WellSpan Orthopedics

120 North Seventh Street, Chambersburg, PA 17201, Suite 101

Tel: (717) 263-1220; Fax: (717) 263-6255

POST-OPERATIVE INSTRUCTIONS

Patellofemoral Ligament Reconstruction

Activity

- Try and rest the first few days following surgery. When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling.
- **Ice** or the **cryo-cuff** can be used as much as possible for the first 3-4 weeks to help decrease swelling.
- Use **crutches** to assist with ambulation. You may put full weight on the limb while using crutches.
- You have been placed in a **hinged knee brace**. You will likely have to wear this for the first 4-6 weeks following surgery. The immobilizer needs to be locked (straight) in extension when standing or walking. The immobilizer also must be worn while sleeping at night. You may remove your brace 4-5 times a day while seated or lying down, and begin to bend and straighten your knee. You may remove the brace for PT.
- A **continuous passive motion (CPM) machine** may be utilized for the first couple of weeks following surgery to facilitate early motion. You can use the machine *with or without* your knee immobilizer. Be sure to unlock the knee immobilizer if you choose to use the machine with the brace. Start with 0 – 45 degrees of knee flexion and gradually work your way up to 90 degrees by your first post-operative visit.
- Return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Day.

Dressings

- Remove the dressing 48 hours after surgery. Clean the surrounding skin with sterile water or rubbing alcohol and cover the sutures loosely with a clean gauze dressing.
- If there are small white tape strips that have been placed across your incision, do not remove them.
- Wrap the knee with an ACE wrap (snug, not tight).
- Be sure not to vigorously rub over any of the incision sites as they are still healing.
- Small amounts of bloody drainage, numbness at incision site, swelling, and bruising are normal findings following surgery.
- Do not use any ointments on the wound.

Showering/Bathing:

- You may shower after 48 hours after returning home. You can allow soap and water to run down the incision. There is no need to cover the wound while in the shower. The white bandage strips (steri-strips) will fall off on their own in the next two weeks.

- You should not scrub the incision. Be sure to pat the incision dry with a towel after showering.
- If wound drainage is noted, you should **sponge bathe instead of showering** until the drainage resolves.
- No submersion in water, including a bath, Jacuzzi, lake or swimming pool for six weeks and until given clearance by Dr. Day.
- You may remove the brace to shower, but be careful to avoid any sudden movements or heavy lifting

Medication

- Take prescribed pain medication as needed
- You have been prescribed one of the following **pain medications**:
 - Oxycodone– Please take 1-2 tabs every 4-6 hours as needed for severe pain.
 - Tramadol- Please take 1 tab every 6 hours as needed for severe pain.

****You will be provided only ONE narcotic pain medication prescription- no refills following your surgery****
- Post-operative pain tends to be the most pronounced the first 2-3 days following surgery. Please take Tylenol, 1000mg every 6 hours for the first 3 days as this has significantly less side-effects compared to narcotic pain medication. **Do not exceed 4,000 mg acetaminophen in 24 hours from all sources.**
- You may have been given a prescription for Aspirin- take 1 (81mg) tablet with breakfast for 30 days as your DVT/blood clot prophylaxis.
- You may have also been given a prescription for Gabapentin (Neurontin) to take one tablet at bedtime as needed for pain.
- You may have also been given a prescription for Toradol- take 1 tablet every 6 hours for the first 2 days.
- You may also have been given a prescription for Zofran, an anti-nausea medication. Please take this medication as needed for nausea
- If you have any side effects (i.e. Nausea, rash, trouble breathing) from medication discontinue its use and call our office.
- Excessive use of pain medication can lead to an increased incidence of side effects and long- term dependency issues. Please take the pain medication as directed and understand that the medications are meant to minimize pain in the initial post-operative phase but may not relieve pain completely.

Physical Therapy

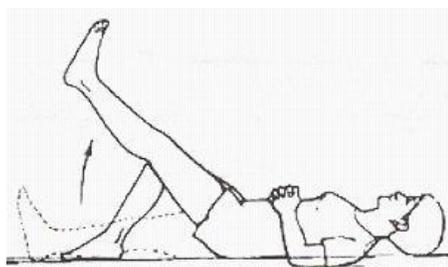
- You should schedule therapy to begin approximately 1 week following your surgery.
- A list of home exercises has been listed below for you to do during your first week following surgery.

Follow Up

- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment approximately 14 days after your surgery.
- You will be seen by Dr. Day or his Physician Assistant for your first post-operative visit to review your intra-operative findings and to go over any questions you may have.
- Call the office immediately if you develop a fever (>101.5), chills, excessive incision drainage, calf pain, or increased numbness in leg.
- If you have any questions or concerns please feel free to call the office.

Home Knee Exercises

- Perform straight leg raises, ankle pumps and extension exercises, 15 repetitions, 3 times per day as tolerated



Continuous Passive Motion Machine (CPM)



The goal of a CPM Machine is to help you to begin to move your knee after surgery and before you begin formal physical therapy. When your surgery is arranged, the surgical scheduler will set up the delivery of the machine for you. When the CPM is delivered to your home, you will be shown how to use it.

Here are some instructions that you should keep as a reminder of how your surgeon would like you to use your CPM:

- At first, the movement / range of motion settings will be between 0-45°
- You can start with the machine on low speed, but may gradually increase to medium speed as tolerated
- You should gradually increase how much your knee flexes/bends by 5-10° per day to help decrease the stiffness of your joint.
- ***With most types of knee surgery, your goal is to get up to 90° of flexion in your knee by your first doctors visit following surgery***
 - If you have had surgery on your meniscus or have had quadriceps/patella tendon repair, or patella 'OATS procedure' you should check the instructions that you are given after surgery for specific movement/ range of motion guidelines. If you are unsure, please contact the surgeon's office
- Once you have reached 90° of knee flexion, you should work to achieve pain free movement, but do not go past 90° of knee flexion until directed by your physician
- You should try to use the machine as much as possible
 - During the first few days following surgery, pain may be a limiting factor. You should continue to use the CPM device as much as you can tolerate
 - It is ***best*** if you use the machine 6-8 hours per day, in 1-4 hour sessions at a time.
 - The ***minimum*** total number of hours you should use the machine is 4 hours.
- The CPM device may be used with or without your hinged knee brace
 - It may be more comfortable to use the device with the hinged knee brace unlocked for the first few days following surgery

- As it becomes easier for you to take your brace on and off, you may begin to use the CPM machine without the brace, as this will help you to achieve more motion in your knee.