

Nikhil Verma, MD
Lauren Rooney, MMS, PA-C
Nathaniel Davidson, MS, PA-C
Mara Weaver, MS, PA-C
1611 W. Harrison, Suite #300
Chicago, IL 60612
Vermapa@rushortho.com
Fax: 708-409-5179
www.sportssurgerychicago.com



POSTOPERATIVE INSTRUCTIONS

MPFL RECONSTRUCTION (Patellar Stabilization)

****Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Verma or either Physician Assistant supersede the instructions below and should be followed.**

DIET

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

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 ACE bandage, do not become alarmed, reinforce with additional dressing
- To avoid infection, keep surgical incisions clean and dry until the first post op visit– 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).
- 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.
- *If you are told by the team that you have a “sylke dressing” or piece of white tape over the incisions, then the surgical dressing may be removed on post op day 3. The white tape may get wet in the shower beginning post op day 3. Please keep the white tape on and we will remove it at the post op visit. If you are unsure about the dressing, please contact the team to confirm.*

MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative and be sure to drink plenty of water.

- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication
- Please avoid alcohol use while taking narcotic pain medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle. Please do not take additional Tylenol or Acetaminophen because the prescribed pain medication contains acetaminophen.
- For 2 weeks following surgery take one baby aspirin 81 mg tablet twice daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain or significant swelling of the calf or ankle occur.

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.
- 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

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.
- Use icing machine continuously or ice packs (if machine not prescribed) until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable

EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises, quad sets) unless otherwise instructed.
- May begin ankle pumps the day of surgery.
- Discomfort and knee stiffness is normal for a few days following surgery. It is safe to bend your knee in a non-weightbearing position when performing exercises unless otherwise instructed. Avoid flexing past 90 degrees
- Complete exercises 3-4 times daily until your first post-operative visit.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) typically begins a 1-2 weeks after surgery. A prescription and protocol will be provided at your first post-op visit.

EMERGENCIES**

- Contact Dr. Verma's Physician Assistants at Vermapa@rushortho.com 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
 - Redness around incisions

- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- Calf pain
- The PAs are available by email during business hours (M-F 8 am – 5pm)
- If you have an emergency **after office hours** or **on the weekend**, contact the office at 312-432-2390 and you will be connected to our pager service. Press 0 and this will connect you with the Physician on call. You can also call Rush University Medical Center at **312-942-5000** and ask for the operator to page the orthopedic resident on call.
- 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, please contact our scheduler at 708-236-2701 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 following MPFL reconstruction is made 10-14 days following surgery for suture removal.
- If you have any further questions please contact Dr. Verma's Physician Assistants. Their email is Vermapa@rushortho.com