



Medial Patella Femoral Ligament Reconstruction Post Operative Instructions

Diet:

Advance to solid food as tolerated

Bandages:

Leave your dressings on until you follow up in the office in 7-10 days. If you leave the surgery center with a cooling pad, you may remove it and replace it as needed.

Bathing/Shower:

You should keep the surgical site dry until you have seen Dr. Gandhi in the office at your first post-operative visit. At that time, your stitches will be removed. You should consider sponge bathing for the first 7 to 10 days after surgery.

Activity:

You will leave the surgery center with a knee brace that has hinges at the knee. The brace will be locked in extension, and this must be worn at all times, including sleeping at night. In order to protect the ligament reconstruction, you need to use crutches with walking – termed partial weightbearing – until your first post-operative visit in the office.

When you are not walking, you may remove the brace to work on your knee range of motion. Depending upon your insurance, a Continuous Passive Machine (CPM) will be rented for you. This machine allows you to rest in bed with your operative leg supported. The machine moves your knee gently and continuously – preventing stiffness and reducing pain. The CPM should be used twice daily, 2-3 hours at a time (for a total of 4-6 hours a day). The settings should be set to 0-45 degrees initially, increasing the flexion by 5 degrees every time you use the CPM. Most people increase flexion about 10 degrees per day. The gains, however, may be erratic – 5 degrees some days, 20 degrees on other days. The brace should be removed when using the CPM. Do Not Exceed 90 degrees on the CPM machine.

In addition to this, you should remove your brace up to five times a day to work on heel props. Heel props are very helpful in helping you regain extension. You can roll up a large towel or use a stack of phone books to “prop” the heel up, allowing the back of the knee to sag downward. Alternatively, you can sit in a chair, propping the heel on a second chair facing you, with space between the two chairs, allowing the knee to hyperextend. Each time you do your heel props, you should spend about ten minutes on each session.

You should also perform ankle pumps on a regular basis to prevent blood clots. You will likely leave the surgery center with a compression stocking on the operative leg. It is advisable you use the stocking for at least two weeks, but you may use it longer to help keep swelling down.



Medications:

Most patients elect to have a nerve “block” prior to surgery to help with post-operative pain relief. This block provides significant pain relief in the early post-operative period, but it will wear off 12-24 hours after surgery. Your leg will likely remain weak for the duration of the nerve block. Usually, the block provides pain relief for the front of the knee, but will not provide significant relief for the back of the knee.

You will be prescribed a narcotic pain medication to help with controlling the pain you might experience after the block wears off. It is very important to “stay ahead” of the pain by taking the medication prior to the onset of severe pain. Once you start to regain sensation in the toes or foot, it is advisable to take your pain medicine – DO NOT WAIT until you hurt to take your pain medicine. Pain medicine can cause nausea, so take the medication with food. You may be given a prescription to prevent nausea. You do not need to fill this prescription, but you should keep it handy in the event you need it. Pain medication may cause constipation as well, for which you may use any over-the-counter laxatives or stool softeners.

Comfort Measures:

It is advisable to get up and “move around” as much as you can tolerate after surgery as doing so helps prevent blood clots. However, whenever you are not up specifically doing something, you should keep your leg elevated above the heart for at least the first three days after surgery, and perhaps longer if needed. A cooling system may have been given to you. If not, you may use a large bag of ice. In each case, keeping the knee cool will help significantly reduce swelling and pain. If using ice, apply it to the knee for 15-20 minutes at a time, for at least 4x/day.

Problems:

Your knee may have swelling, soreness, and bruising for the first several days. This is to be expected. Please contact Dr. Gandhi’s office if you have any of the following:

- Severe pain
- A temperature above 101 degrees
- Pain, redness or significant swelling in your knee or calf (a bruised appearance is normal)

Please call if you have any questions.

Appointments:

You will need to see Dr. Gandhi for a follow-up appointment 10-14 days after surgery. Please call the office to make this appointment. At this first appointment physical therapy will be prescribed.