

Brandon M. Tauberg, M.D.

Orthopaedic Sports Medicine Surgeon
Arthroscopic and Shoulder Surgery
www.brandontaubergmd.com

MPFL Reconstruction Post-Operative Instructions

Ice / Elevation

- Ice Regularly
 - Please ice your knee regularly (20 minutes ice on, 20 minutes ice off) during your awake hours for the first 3-7 days after surgery, for 3-4 hours per day
 - Do NOT apply ice directly to exposed skin. Use a towel or other type of covering between the ice and your skin.
 - Local pharmacies (i.e. CVS or Walgreens) also sell over-the-counter *Cold Packs* that you may use.
 - Alternatively, you may use frozen peas. Buy several bags of peas, place them in a gallon-size zip-lock bag, making them about an inch thick, and remove as much air as possible.
 - You may prefer to use a CryoCuff or Game Ready. Please follow the instructions it comes with.
- Elevate your leg above heart level to help decrease swelling

Medications

- Pain Medication
 - You may have received a nerve block prior to surgery. Regardless, you should continue to take pain medications as instructed. **DO NOT WAIT UNTIL THE NERVE BLOCK COMPLETELY WEARS OFF.** It is important that you stay on top of your pain control. After a few days, you should start to decrease the amount of pain medication you are taking. If you can decrease the medications sooner, this is encouraged but not at the expense of being in severe pain.
 - **Oxycodone/Acetaminophen 5mg/325mg (Percocet)* - Opioid Pain Medication**
 - Take as needed for pain.
 - You may take 1-2 tablets every 4-6 hours as needed. You may want to take this medication around the clock for the first few days to control your pain.
 - **Acetaminophen (Tylenol)**
 - Transition to this after you decrease your use of opioid pain medication
 - Comes in Regular Strength (325mg per tablet) or Extra Strength (500mg per tablet)
 - You may take this medication alone or with opioid medications.
 - If you take along with your prescribed opioid, you must **CALCULATE** how much acetaminophen you are taking. Remember, there is 325mg of acetaminophen already in each opioid tablet.
 - Do NOT take more than 1,000mg in a 6-hour period
 - Do NOT take more than 4,000mg in a 24-hour period
 - Do NOT take if you have liver disease
 - **Tramadol 50mg (Ultram)* - Opioid Pain Medication**
 - Take as needed for breakthrough pain
 - You may take 1 tablet every 6 hours as needed
 - You should wean yourself off this medication as soon as possible
 - **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**
 - Try to **avoid** these medications for at least SIX WEEKS after surgery, as it may impair tissue healing
 - If you are having severe pain, you may add this medication to Tylenol or the prescribed opioid medication for a few doses, but try to wean off as soon as possible
 - **Ibuprofen (Advil, Motrin)** – You may take up to 800mg every 6 hours. Take NO more than 3,200 mg in a 24-hour period.
 - **Naproxen (Aleve)** – You may take up to 500mg every 12 hours. DO NOT TAKE BOTH IBUPROFEN & NAPROXEN as this increases your risk for toxic side effects. Please take NO more than 1,500 mg of Naproxen in a 24-hour period.
 - Do NOT take if you have kidney disease, history of stomach ulcers, or GI bleeds

- Blood Clot Prevention
 - You may have been prescribed **Aspirin 81mg**, which you should take TWICE daily with food to decrease the risk of post-operative blood clot formation. Take in the morning and at night.
 - Take this medication for **14 days**, beginning the day AFTER surgery
 - Do NOT take if you are allergic to aspirin, have a history of stomach ulcers, or have been prescribed another blood thinner
 - If prescribed another blood thinner (i.e. Eliquis, Xarelto, Plavix, etc), begin the day AFTER surgery
- Nausea
 - A common side effect of general anesthesia and opioid medications is nausea. Ensure that you are taking your medications with food and drinking adequate amounts of water. If feeling nauseous, please take the prescribed **Zofran 4mg**, 1-2 tabs by mouth every 8 hours as needed.
- Constipation
 - Anesthesia during surgery, opioid medications, drinking less fluid, and decreased activity all contribute to constipation after surgery.
 - Ensure you are drinking adequate fluids and getting out of bed during the day
 - Over-the-counter medications are very effective for constipation. To treat constipation, take these medications in the following order as instructed on the label. You may combine these.
 - Miralax → Sennakot → Colace → Bisacodyl (Dulcolax) suppository → Fleet enema
 - Medications used to treat constipation do not always work immediately. Try taking a few doses of each when you start each medication before moving on to the next option.
- Home Medications
 - You may resume all home medications **the day after surgery** unless otherwise instructed

Dressings

- Do NOT unwrap dressings. They help reduce swelling and decrease the risk of blood clots/infections.
- Dressings will be changed on your first post-operative visit and a new dressing applied. If they get EXCESSIVELY wet prior to this, meaning “soaked through,” contact the office.
- Until your first visit, to shower/bath with your dressing AND BRACE still on, wrap the top of the leg with a towel, then place the leg in a large plastic garbage bag with tape at both ends closing the bag. Then keep the bag outside of the shower/tub.
 - Dr. Tauberg will instruct you when you may shower without the brace on
- Please DO NOT BATHE, POOL, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER as this can increase the risk of infection. Wait **three weeks** from surgery or until you are directed to do so.
- Do NOT use bacitracin or any ointments under bandages.

Crutches

- You may place full weight on the involved leg after surgery to help with balance and stability unless instructed otherwise.
- Crutches will be needed until physical therapy and Dr. Tauberg deem them unnecessary based on strength in the involved leg and your ability to walk normally (i.e. no limp)
- Getting up and moving around after surgery will help decrease the risk of blood clots

Brace

- The post-operative brace, locked in full extension, is to be worn AT ALL TIMES except when you are in the motion (CPM) machine or doing your exercises. This includes sleep.
- The brace is necessary for even the simplest tasks, such as going to the restroom, to protect your knee while your muscles are weak.
- The brace is to be **locked in full extension** until the 1st post-op visit
- Dr. Tauberg will instruct you when to open the brace and when to discontinue the brace

Continuous Passive Motion (CPM)

- A motion machine may be available and prescribed depending on your insurance. Many patients find that it assists in pain reduction and motion.
- Use without the brace, 1-2 hours at a time, 2-3 times a day with a goal of 90 degrees.
- Start at 0-30 degrees and increase as tolerated up to 90 degrees unless instructed otherwise. Over-aggressive use may result in an increase in pain and swelling.
- Do not sleep in the machine or exceed 90 degrees of bending.

Activity

- **Sleep:** Try to keep your operative foot elevated on pillows and keep your knee straight. This will help with swelling. You should be wearing the brace initially while you sleep.
- **Driving:** Driving is NOT allowed while taking opioid medications. At your first post-operative appointment, Dr. Tauberg will discuss with you when it is safe to return to driving, though depending on your procedure, this may be many weeks.
- **Return to Work:** Return to work will depend on the specifics of your job. At your first post-operative visit, Dr. Tauberg will discuss with you an appropriate timeline.
- **Travel:** You are okay to travel (air or automobile) as a passenger as early as the following day after surgery. While you may experience pain and discomfort, it should not be detrimental to your healing.

Physical Therapy

- **Rehab and therapy are KEY aspects of surgery and should start within 1-3 days after surgery.** Your appointment should be made before surgery to make sure you begin therapy on time. If you have difficulty making an appointment, please contact the office for assistance
- Regaining full knee extension quickly is critical to your recovery. DO NOT keep pillows under your knee, or leave your knee in a bent position

Follow Up

- Please contact the office the next business day to set up and/or confirm your first post-operative appointment 5-7 days after your surgery.
- You will be seen by Dr. Tauberg for your first post-operative visit to review your surgical findings and to go over any questions you may have.

Questions/Concerns

- After surgery, you may experience swelling in the leg/ankle/foot, water/blood drainage from incisions, and/or bruising in the leg. These are expected and should resolve within 10-14 days.
- Call the office immediately or go to your local emergency department if you develop a fever (temperature > 101.5°F), shortness of breath, spreading redness around the incision, excessive incision drainage, pus drainage from the incision, calf pain, difficulty breathing, inability to urinate, or pain non-responsive to medications for over 48 hours.
- **If you are experiencing an emergency (ex: chest pain or trouble breathing), please call 911 or go to your local emergency department**
- If you have any questions or concerns, please feel free to call the office.

**Due to the current opioid epidemic, our team by policy does not allow prescribing narcotic pain medication beyond 6 weeks postoperatively. If you do need a refill, please call during office hours. We will NOT write narcotic prescriptions during weekends or after hours. We certainly support and validate your post-operative pain, but we encourage realistic goals for weaning off pain medications by the end of week 2 or earlier to prevent side effects and addiction.*

If you require further narcotic pain medication beyond our policy guidelines, we can refer you to a pain management doctor. If you already have a pain management doctor, please visit them prior to surgery and post-operatively to have them manage your pain. By law, we cannot prescribe pain medication if you have a pain management doctor.