



Medial Patellofemoral Ligament (MPFL) Reconstruction

Home Care Instructions

- You have received anesthesia; rest and relax the day of surgery. Please be aware of possible dizziness and exercise caution when you are up. A responsible adult must be with the patient for 24 hours following surgery for safety and falls prevention. Begin with liquids, and advance diet as tolerated; avoid greasy and spicy foods. No important decisions or signing of legal documents for 24 hours. Do not operate power machinery. Do not drive for 24 hours following surgery or while taking narcotic pain medications. No alcoholic beverages for 24 hours, or while taking narcotics. If you are unable to urinate, feel uncomfortable, and it has been 8-10 hours since you last urinated, go to an urgent care or the ER. If you had a block, be sure to start your oral pain medication before it begins to wear off
- Anesthesia**
- If you have had a nerve block, be sure to start taking your pain medication before the block begins to wear off. Typically, a nerve block will last between 8-24 hours from the time of injection. Notify your surgeon if the nerve block lasts more than 48 hours. Do not use your operative extremity until the nerve block has worn off. Then, follow your surgeon's activity restrictions.
- Nerve Block**
- Keep your leg elevated with a pillow under your calf or ankle, not under the knee. Keep your operative extremity at or above the level of your heart for the first 2-3 days. This is the best position to reduce swelling. You may weight bear as tolerated with your brace locked in extension, and may move your knee from 0-90 degrees when you are not standing or walking. You must use crutches and wear your knee immobilizer when walking.
- Activity**
- Wear the immobilizer at all times (even when sleeping), except for showering and physical therapy exercises. It is likely that the brace will not fit as well after dressing is removed. If so, feel free to adjust the straps accordingly. If you have trouble with this, feel free to ask your physical therapist for assistance or contact our office at 952-456-7010 for help.
- Brace**
- Keep your dressing dry and intact as instructed. Your knee has an abundant amount of gauze/dressing on it. Do not be alarmed if range of motion feels limited secondary to this while the dressing is still on. You may remove dressing in 48 hours. You may remove the ace bandage, gauze, and yellow antibiotic film. Please leave steri-strips in place until your two week post op appointment, or until they fall off on their own. Wait to shower until initial surgical dressing is removed. Please cover your incisions with plastic wrap when showering to help avoid incisions getting wet. Pat area dry with a clean towel after showers. Do not submerge your knee in water (bathtub, hot tub, pool, etc.) until your incisions healing has been cleared by your surgeon's office for these activities
- Dressing**
- Ice** For 6 weeks: at least 3 times/day for 20 minute. Do not exceed 20 minute increments. Leave at least 30 minutes in between icing sessions to avoid frost bite
- Pain & Medication** Expect to have pain following surgery. Pain level of 4-5/10 is our goal. The pain medication prescribed for you should provide relief, but often does not take all the pain away. The first few days following surgery can be the most painful. Just remember, it will get better. It is important to keep your pain under control. It is difficult to catch up with your pain if it becomes severe. Resume your preoperative medications per your physician. Refer to your medication list given to you at discharge.

Notify the office if you develop a fever $>101^{\circ}\text{F}$, with unusual increase in pain, redness, and warmth. Report any pus or unusual drainage to our office immediately. It could be a concern if your incisions swell or have drainage. If you encounter any problems, please call our office.

**** If you feel chest pain or shortness of breath, please go to the nearest ER for evaluation. Do not call the office or wait for an appointment; although extremely rare, this could be a blood clot in the lungs. ****

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