

## **MPFL Reconstruction Discharge instructions:**

### ***General Instructions***

- You will be toe touch weight bearing on your operative leg with your knee brace locked in extension whenever you are standing or ambulating.
- Your brace will be locked at 0 degrees when you are up and walking, but you may unlock it for range of motion exercises (0-90 degrees) when you are seated or working with physical therapy.
- You will sleep in your brace (unlocked) until instructed by your physician
- Wear your white stockings during the day – these help control the typical swelling in your legs after surgery and minimize the likelihood of blood clots.
- Elevate the operative extremity when you are resting to help minimize the swelling.
- Use ice to help control the swelling and pain. DO NOT USE HEAT – this will increase the swelling.
- Call the office if you develop fevers (over 100.5) or chills.
- You should have an office appointment about 7-10 following your discharge from the hospital. If you do not please call 775-786-3040.

### ***Wound Care***

- You may remove your dressings 48 hours after surgery. Your incision was closed using sutures and steri-strips. These should remain in place after removing the dressings. Do NOT peel the steri-strips off or trim the sutures.
- You may begin showering after your dressings are removed 2 days after surgery. Keep water exposure to the incision site brief and blot it dry when you get out. Do not bathe or swim or Jacuzzi (ie. Do not submerge the incision) for approximately 3 to 4 weeks.
- Do not use ointments or creams on the incision.
- Keep the incision clean and dry. Any drainage from the incision should be reported to the doctor immediately.
- You may notice some bruising around the incision and into the operative extremity. This is not uncommon and should begin to go away within the first 2 weeks after surgery

- At the time of surgery tape-like strips (Steri-strips) may be placed on your incision to protect it. These will eventually come off on their own in one to two weeks, or you may remove them yourself after two weeks.

### ***Activity***

- Estimated return to work varies depending on the demands of your job. Some ambitious patients return to desk jobs / administrative type work as early as 1 week after surgery (but usually more like 1 month). For active labor or heavy labor, it may take 3 to 6 months to return to work.
- You should do the exercises given to you at discharge until you return for your post-op visit. At that time, you may be given a new set of exercises. It is a good idea to continue your exercises as a lifetime commitment to keep your muscles strong.
- The question of when to drive is impossible to generalize to everyone because it is largely dependent on the individual. Importantly, doctors do not have a license with the DMV to “clear you” or “release you” to return to driving. There are 3 primary criteria that must be met. You need to be off of narcotic pain medicines (otherwise you are driving under the influence). You need to be able to get in and out of the driver’s seat comfortably. And you must have regained your normal reflexes / strength. We recommend ‘testing’ yourself with another licensed driver in an empty parking lot or quiet street first in order to check your reflexes moving your foot from pedal to pedal.
  - If the surgery was on your right leg, then you will not be able to drive for 1 month

### ***Medications***

- You were prescribed a short acting, narcotic pain medication. It is recommended that you begin to wean off of this medication in about 3 days after surgery. To help wean off of the pain medications or to supplement your pain control you can use Tylenol to help with pain.
- You were prescribed a baby Aspirin that you will take two times per day for 14 days to help prevent blood clots.
- You will not be discharged from the hospital with any antibiotics unless there are specific concerns regarding infection.