



Post-Operative Instructions: Medial Patellofemoral Ligament (MPFL) Repair

Prescription Medications

Colace (Docusate Sodium):

- This medication is to help with constipation, a common side effect after taking narcotic pain medications (like Norco) and general anesthesia.
- Take 1 pill in the morning and 1 in the evening to prevent constipation.
- It is normal to take several days to make a bowel movement after surgery
- Drink plenty of clear liquids as the anesthesia can cause dehydration/constipation as well

Hydrocodone/Acetaminophen (Norco):

- This is a narcotic medication for pain, to be taken **AS NEEDED**.
- Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hrs for the first 1-3 days.
 - Can then begin to space out / discontinue the medication, transitioning to Acetaminophen (Tylenol) only
 - **DO NOT** exceed 4,000 mg of Acetaminophen in a 24-hour period.
- Do not drive, drink alcohol, or take Acetaminophen (Tylenol) or additional narcotics/pain medications **WHILE** taking this medication
- **Common side effects:** nausea, drowsiness, and constipation
 - To decrease the side effects, take with food
 - If constipation occurs, take the stool softener as directed

Scopolamine patch:

- For some patients, the anesthesia team will put on a scopolamine patch behind your ear to prevent nausea.
- If you are prescribed one, you can leave this in place for 72 hours.
- When you take it off, wash your hands thoroughly or it can make your vision blurry.

Zofran (Ondansetron):

- This is an anti-nausea medication.
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow.
- Take 1 tablet as needed every 4-6 hours for the first 2 days after surgery.

Aspirin

- This medication thins the blood in order to prevent blot clots – take as directed
- Please contact the office should severe calf pain or significant swelling of the calf or ankle occurs



Wound Care

- Leave the bulky surgical bandage on and **DO NOT** shower for 48 hours
 - Can loosen bandage if swelling of foot/ankle occurs
- After 48 hours, remove bandages and gauze, but **LEAVE STERI-STRIPS** (white tape) **IN PLACE**.
 - You may shower at this point.
 - Cover incision sites with waterproof bandage prior to getting into the shower.
 - Should the incisions accidentally get wet, pat them dry with a clean towel – **DO NOT SCRUB**
- It is normal to see a lot of blood-tinged (may be pinkish-yellow) soaked fluid on the bandages
 - If bandages become soaked, okay to reinforce with additional dressing
- In between showers, leave the incision sites open to air
 - **DO NOT APPLY LOTIONS OR OINTMENTS TO THE INCISION SITES**
- Your stitches will be removed at your first post op visit
 - You may shower at this point without waterproof bandages over the incision sites.
 - **DO NOT** scrub the incision sites – you may let soap and water run down the incisions and pat dry with a towel once you're done.
- **DO NOT** soak in any pool/bath water until 4 weeks after surgery

Brace

- Brace will be provided on the day of surgery
- Immobilizer knee brace should be worn at all times – **ESPECIALLY** at night/sleeping and when walking
- Brace can be removed for personal hygiene only (i.e. showering)
 - Be sure to keep the knee straight while in the shower – can use shower chair if needed

Weight Bearing

- Partial weight bearing until 6 weeks post-op – most patients require crutches to assist with walking

Icing

- Icing is very important in the initial post-operative period and should begin immediately after surgery
- Use ice machine (or ice packs) continuously for 20 minutes every 2 hours, daily 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

Physical Therapy (PT)

- PT should ideally start within 1-3 days post-op, 2x per week – an order will be provided on the day of surgery
 - If surgery is on a Thursday/Friday, okay to begin PT early the following week
- It is important that terminal extension (leg strengthening) is not lost
- Perform ankle pumps continuously throughout the day to reduce the risk of blood clot formation in the lower leg
- Choose a PT clinic close to your home so you can be compliant with your program.
- Please bring your prescription for therapy and PT protocol (provided on surgery day and also on the website) to your first appointment.
- If you do not have a therapist in mind, or wish to be provided information for a therapist, we can provide you with a list of physical therapist recommendations that we commonly refer our patients to, depending on your location

Follow-Up

- You will need to follow up for your 1st post-operative between 2-3 weeks from surgery – this will be a PA visit
- A new physical therapy prescription will be given to you at that time and any sutures will be removed
- Please call central scheduling or use the link below to make an appointment (contact information below)



When Should I Contact the Office?

- If you have a fever >100.4° F.
 - A low-grade temperature (up to 100° F) is expected after surgery but let us know if it gets this high!
- If you develop chills, sweats, excessive nausea/vomiting, difficulty breathing, chest pain
- If you develop calf pain or color changes in foot or ankle,
- If you have pus, significant pain, warmth or redness surrounding the incision sites.
- If you are unable to urinate >1-2 days after surgery
- If you are unable to pass a bowel movement >6-7 days after surgery

Important Information

- *Office Hours:* Monday – Friday; 7:30am –4:30pm
- *After Hours/Emergency Contact:* Resident/Fellow – 708.236.2600
- *Central Scheduling:* 708.236.2701 | <https://rushortho.radixhealth.com/dash/self/#/schedule/29>
- *Administration:* Jeannie Taylor– 312.432.2525
- *Physician Assistants:* Sara, Delaney, & Erica – 312.432.2388 | nhopa@rushortho.com

We are in clinic or surgery and not answering calls in real time – we will return all voicemails within 24-48 hours.