

Postop Instructions Patellar Tendon Repair

DAY OF SURGERY:

1. Use ice or an ice machine (GameReady or similar product) for 20-30 minutes at least 5-6 times per day starting immediately following surgery. This will help to reduce the swelling and minimize your pain.
2. While you are in bed or on the couch, please make sure to move your feet up and down periodically to improve circulation and decrease swelling.
3. Keep your leg elevated to decrease swelling, which will then in turn decrease your pain. I would recommend elevating the foot of your bed by having a family member put a couple of pillows between your mattress and box spring. I would not keep a pillow directly under your ankle, as that may become uncomfortable and can irritate your hamstring tendons and low back. You may sleep on your side with a pillow between your legs.
4. Prescriptions for non-narcotic pain medication (Tylenol), narcotic pain medication (oxycodone), and a blood thinner (such as Aspirin, Xarelto or Eliquis) will be given to you when you leave. We will also give you a medication for nausea depending on your age. We suggest that you use the narcotic pain medication (oxycodone) ONLY as needed. You should avoid taking pain medications on an empty stomach, as that will make you nauseous. Take the Tylenol around the clock as prescribed for one week and then as needed. You will need to take the blood thinner daily to prevent any blood clots for the next month. We will discuss the exact duration when you return for your first postoperative visit.

WHEN YOU LEAVE EMORY AND UNTIL YOUR FIRST POST-OP VISIT:

1. The ice or ice machine (GameReady or similar product) will aid in decreasing pain and swelling. Apply the Game Ready for 20-30 minutes at least 5-6 times per day until we see you back in clinic. You may use it more frequently if you are having continued pain and swelling. However, I would not use it more than 8 times a day. If using a GameReady, you may start using setting number 2 (low compression) as soon as you are comfortable doing this.
2. You may shower 24 hours after surgery. Remove your brace, keep your knee straight, and remove the Ace bandage while leaving the clear waterproof dressing in place (have a family member help you with this). Wrap your knee with Saran wrap to prevent the clear dressing from becoming wet and peeling off. Then, place your brace back on and cover it using a **cast bag (which is preferable)** or a garbage bag with a hole in the bottom for your foot. Secure the garbage bag with tape around your ankle and thigh. Cast Bags are probably best and can be bought at the local pharmacy or on Amazon.

3. Use the crutches while standing and walking so that you are only putting partial weight (50%) on your operative leg for the first six weeks following surgery. Your brace will be locked straight (full extension) while walking and sleeping and removed only for exercises.
4. You should start supervised physical therapy with a local therapist within the first week of surgery.
5. When you are sitting around, we would like you to move your feet up and down periodically to help with circulation.
6. When walking, it is usually better if you wear sneakers or shoes that give you some support. Do not wear flip flops or 'minimalist' shoes (Nike Free, Adizero, etc)
7. Do not drink alcoholic beverages or take illicit drugs when taking narcotic pain medications (i.e. oxycodone).
8. You may return to sedentary work/school within a few days of surgery when you feel up to it. You will need to keep your leg elevated as much as possible at or above the level of your heart to minimize swelling.
9. As for driving, if it is your left leg, you may begin driving once you are comfortable and not taking narcotic pain medications (i.e. oxycodone). If it is your right leg, it may take 1 month until you can drive safely. It is dependent on your strength and function.

ADDITIONAL INFORMATION

1. There may be some bleeding and fluid leaking from the incision site. This is normal after this type of surgery. This may continue for 24-36 hours. You may change and/or reinforce the bandages as needed. **Do Not** remove the white steri strip tapes covering the lower incision even if they are wet or bloody. If there is any change in the incision such as drainage, pus, or foul smelling please call us.
2. There will be MORE swelling on days 1-3 than there is on the day of surgery. This also is normal. The swelling will decrease with icing (or GameReady machine) and keeping it elevated. The swelling will make it more difficult to bend your knee. As the swelling goes down, your motion will become easier and less painful.
3. You may develop swelling and bruising that extends from your knee down to your calf, and perhaps even to your foot over the next week. Do not be alarmed. This too is normal, and it is due to gravity. It should decrease with elevating your leg for a period of time.
4. If you develop calf pain and swelling in the ankle that does not go away or decrease with elevating it for a period of time, please call our office immediately.
5. There may be some numbness adjacent to the incision site. This may last for 6-12 months.

6. It is also normal to develop a low-grade fever after surgery (up to 100.5°). This can last 1-2 days after surgery. If you have any concerns such as a fever above 101.5, please call our office.
7. Narcotic pain medication as well as anesthesia may make you constipated. Below are a few solutions to try in this order:
 - A. Decrease the amount of pain medication if you are not having pain.
 - B. Drink lots of fluids such as water.
 - C. Drink prune juice and/or eat dried prunes
 - D. Continue taking your prescribed stool softener (Senakot-S)

If those don't work then:

- E. Take Miralax – an over-the-counter stronger laxative. Dosage as directed 2 x day.
- F. Take Milk of Magnesia – another over-the-counter laxative. Dosage as directed.
- G. Try an over-the-counter suppository.

If these do not work, please call the office. Also, if you have any questions on this, please call us immediately.

The following are Frequently Asked Questions (FAQs) for your early rehabilitation period. I have broken down the instructions into the most important post-operative topics. I do my best to answer all questions the day of surgery, but I also understand that questions may arise after you leave the surgery center. Be assured that I call every patient the day after surgery to check-in, review the surgery once again, and answer any lingering questions. If you still have questions after reading this packet, please call my office at 404-544-1282. If you feel like you may be having a medical emergency, please call 9-1-1 and go to the nearest Emergency Room.

Dressings:

What kind of dressings do I have?

You have waterproof dressings. I ask that you cover these dressings with Saran wrap when you shower in order to prevent them from peeling off. These waterproof dressings remain on until your first follow-up appointment.

Showering/Bathing:

When can I shower?

It is OK and encouraged to shower starting the day after your surgery. However, please be mindful of your brace. Whenever you shower, please protect your brace by placing a protective

wrap around it, such as a garbage bag with duct tape. Alternatively (and preferably), you can purchase an leg cast bag from a local pharmacy or online (Amazon), and use this to protect your brace from water when you take a shower.

When can I bathe or get in a pool?

DO NOT take a bath, get in a pool, get in a hot tub, get in the ocean, get in a lake, or get in any body of water until you are cleared to do so. The risk of infection increases substantially if you do these things before the incision completely heals.

Incision Management (Sutures, Lotions, Icing, Arm Elevation, Drainage):

What kind of sutures do I have? When do they come out?

You have absorbable sutures. Only small tails will need to be trimmed, but no sutures (stitches) will have to be removed.

Do I need to put any creams or lotions on my incisions? What if I want to do so?

DO NOT apply any creams or lotions to your incisions for the first 3-4 weeks after surgery (including Neosporin!). Lotions and creams do not help with scarring during the first month, but they increase the risk of infection. I encourage you to keep steri-strips on the incision for 6 weeks after surgery to minimize scar formation. These will be provided to you at your follow-up visit.

How often should I ice my elbow?

I recommend icing for 20-30 minutes at a time. You can ice 3-5 times/day. You may also use an icing device such as the GameReady or a similar product.

Do I need to elevate my arm after surgery?

You may elevate the leg above the level of the heart as often as possible. Laying on the couch or in bed with the leg propped up accomplishes this. This decreases swelling.

What if I have drainage from an incision?

A small amount of drainage is usually normal within the first few days after surgery. If you do see drainage continued coming from your incision, please call our clinic.

Weight Bearing Status/Walking/School/Work/Driving

Is it safe to move my shoulder? What can I lift with my arm after surgery?

You may move your shoulder so it does not become stiff. Do not lift anything with your arm.

When can I walk?

It is safe to walk as long as you are not feeling dizzy from the anesthesia or any pain medications. You should avoid long walks or being in public places where you are at risk of falling or being run into by others. Wear your sling at all times when walking.

When can I go back to school and/or work?

This largely depends on the kind of school you go to or the type of work that you do. For school, most kids are able to return in 2-3 days after surgery, though this varies based on what surgery was done. If you need a letter for extra time between classes or a gym note, please let me know or contact my office.

Returning to work also depends on your type of work and accommodations at work. Typically, patients who perform a desk job or have light duty at work can return within 3-5 days. You must be off any narcotic pain medications (i.e. Oxycodone/Percocet) before returning to work or operating any machinery. If you perform heavier work or manual labor, then you will be out of work for a longer time.

When can I drive?

You should not drive until you are off narcotic pain medications. If your right leg was operated on, you should not drive until cleared by me.

Return to Sports/Physical Therapy

Do I need to go to physical therapy after surgery?

Yes, I give every patient a physical therapy prescription after surgery. You will receive your therapy prescription after you see me for the first follow-up visit if you did not receive it with your discharge paperwork on the day of surgery.

When should I start physical therapy?

The timing for physical therapy varies based on the exact procedures that were performed. Please see your specific physical therapy protocol for the exact timeline and when formal physical therapy may begin.

When can I go back to playing sports?

This varies based on your level of sports and findings at the time of your surgery. Again, the physical therapy protocol will provide a general timeline on when you may return to sports.

Medications:

In general, I send most patients home with the following medications if they are able to tolerate them and do not have a medical reason not to take them: 1) Non-narcotic pain medication (Tylenol), 2) Anti-nausea medication (i.e. Zofran), 3) Narcotic pain medication (Oxycodone) and 4) Aspirin 81mg (see blood clots section)

Do I have to take pain medication?

Take Tylenol around the clock as prescribed for baseline pain control for one week. If you are not in pain, then you do not need to take any additional pain medicine. I provide every patient

with a small amount of narcotic pain medication in case the pain acutely worsens. Take each medicine on a full stomach.

Nerve Block:

Most patients have a peripheral nerve block. This allows us to perform the surgery with less sedation while you breathe on your own. Patients recover more quickly with fewer complications after nerve block anesthesia. With that said, there can rarely be adverse effects as outlined below.

How long should my leg be numb?

Nerve blocks typically wear off 12-36 hours after surgery. There can be a lot of variation as to how long the block lasts, and this often depends on the medication used by the anesthesiologist (long-acting versus standard duration).

How do I know the block is wearing off?

Usually the first sign of the block wearing off is a “pins and needles” feeling, followed by the ability to move your fingers and eventually your entire leg. If you begin feeling an increased level of pain as the block wears off, you may take pain medication (i.e. oxycodone) as needed.

Is it normal to have weakness and/or numbness and tingling after a block?

This can be normal as the block is wearing off. However, sustained weakness and/or sustained numbness and tingling (>48 hours after surgery) is NOT normal. If you experience any of these symptoms more than 48 hours after surgery, please call our office.

Adverse Events (Bleeding, Constipation, Fever, Nausea/Vomiting, Blood Clots, Cardiovascular Issues)

For information regarding bleeding, please see section on wound management.

What should I do if I am constipated?

Constipation is very common after surgery. Sometimes the anesthesia medications and narcotic pain medications can cause constipation. I recommend that every patient takes a stool softener for the first 7-10 days after surgery to help prevent constipation, especially if you are taking narcotic pain medication (oxycodone). If you develop constipation after surgery that is not relieved with the prescribed medication (Senakot-S), you may take the following medications additionally as needed:

- Miralax liquid, Milk of Magnesia
- Dulcolax suppository (if oral medications do not work)

All of these are over the counter medications. Follow dosage instructions on the box. If you are still having constipation after trying all of these medications, then please call our office.

What should I do if I have a fever?

Fever is also very common in the days following surgery. It is rare that this signifies an infection. The most common reason for a fever after surgery is a normal reaction to the anesthesia and an inflammatory response by the body. Performing deep breathing exercises (3 sets of 10 deep breaths with a 1 second hold for 5 times/day) will usually resolve the fever. If your fever persists OR if your fever is sustained above 102F, then please call our office.

What should I do if I have nausea and/or vomiting?

Nausea and vomiting are often due to the anesthesia medicine or the narcotic pain medications. Your first line of treatment is the anti-nausea medicine (Zofran) prescribed after surgery. If this is not effective in relieving your symptoms OR if you have persistent nausea for more than two days after surgery, please call our office.

How do I prevent a blood clot after surgery?

I have every patient take a blood thinning medication after surgery to help prevent a blood clot. If you are at low-risk for a blood clot, then you will be prescribed Aspirin 81mg daily. If you have a higher risk of getting a blood clot, then I will prescribe you a stronger blood thinner. It is important to walk frequently after surgery to help with blood circulation. You should move your ankle up and down regularly as well.

If you are traveling a long distance after surgery, please take a break every 45-60 minutes to stand up, walk, and move your legs.

What signs or symptoms can signal that I may have a blood clot or a cardiovascular event?

The following chart provides common signs and symptoms of blood clots, cardiovascular events (i.e. heart attack), or cerebrovascular events (i.e. stroke).

If you have ANY of the following symptoms and are not having a medical emergency, please call the office immediately. Depending on your symptoms, we may recommend either coming to the office or going to the emergency room. If you cannot reach our office, then you should call 9-1-1 or go to your local emergency room. If you are having a medical emergency, then call 9-1-1 and go straight to the emergency room.

Blood Clot	Cardiovascular Event	Cerebrovascular Event
Calf swelling or pain	Chest pain or tightness	Blurry vision
Entire leg or arm swelling	Shortness of breath	Forgetfulness
Shortness of breath	Fast heart rate at rest	Difficulty speaking
Cough	Unexplained sweating	Facial asymmetry
Fast heart rate at rest	Lightheadedness/dizziness	Trouble walking/loss of balance
Chest pain or tightness		Sudden loss of vision