

Quadriceps tendon or patellar tendon repair: POST-OPERATIVE INSTRUCTION

DIET

- Begin with clear liquids and light foods (jello, soup, etc.).
- Progress to your normal diet as tolerated

APPOINTMENTS

- You will see Dr. Ussef within 2 weeks of your surgery.
 - Visit your physical therapist within 7 days of your surgery. Call to make an appointment
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WOUND CARE

- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed. Reinforce with additional dressing.
 - You may shower by placing a large garbage bag over your brace starting the day after surgery. You may get the incisions wet in the shower on the **eighth** post-operative day for up to 5 minutes.
 - NO immersion or soaking of operative leg (i.e. bath, Jacuzzi, pool) for SIX WEEKS
 - Do not put ointments or creams on your incisions.
 - A numb patch on the lateral side of the knee after surgery is a common and expected side effect of knee surgery. This subsides on its own as you rehabilitate.
 - Keep your ACE WRAP on as long as there is swelling.
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MEDICATIONS

1. Narcotic pain medication (Norco)
2. Mobic (Anti-inflammatory)
3. Tylenol (pain) (Maximum 3000mg per day, Norco has 325mg of tylenol in it as well)
4. Aspirin (To reduce risk of blood clots)
5. Zofran (Anti-nausea)
6. Miralax (Laxative, over the counter)
7. Narcan, to reverse the effects of narcotic. YOU CAN REFUSE TO FILL THIS without any repercussions.

Multimodal Medication Guide

The Day You Come Home

Take your Norco 5 mg as needed for pain not controlled by the other medications

Take 1 tablet. Wait 30 minutes. If you still have pain, take a 2nd tablet. Wait 30 min. If you still have pain, take a 3rd tablet. Wait 30 min. If you still have pain, take a 4th tablet. Maximum 4 tablets per 4 hour period.

1 Day After Discharge

Take your Meloxicam 15 mg 45 minutes before your normal bedtime
Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours
Take your Norco 5 mg as needed for pain as described above
Take your Aspirin 81 mg every 12 hours for blood thinning
Take your Miralax for constipation at breakfast

2 Days After Discharge

Take your Meloxicam 15 mg 45 minutes before your normal bedtime
Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours
Take your Norco 5 mg as needed for pain as described above
Take your Aspirin 81 mg every 12 hours for blood thinning
Take your Miralax for constipation at breakfast
If you have not had a bowel movement, drink 1 bottle of Magnesium Citrate

3 Days After Discharge

Take your Meloxicam 15 mg 45 minutes before your normal bedtime
Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours
Take your Norco 5 mg as needed for pain as described above
Take your Aspirin 81 mg every 12 hours for blood thinning
Take your Miralax for constipation at breakfast

4 Days Through 6 Weeks After Discharge

Take your Aspirin 81 mg every 12 hours for blood thinning (stop after 4 weeks)
Take your Meloxicam 15 mg 45 minutes before your normal bedtime (call if need beyond 4 weeks)
Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours
Take your Norco 5 mg as needed for pain as described above
Take your Miralax for constipation at breakfast (may stop once your normal bowel routine returns)

- Narcotic pain medication, one to two pills every 4 hours around the clock. You do not have to be woken up to take a pain pill. The special care nurse will prescribe this for you after your first appointment.
- Your prescribed narcotics contain acetaminophen (also known as Tylenol), which is toxic to your liver. Please do not supplement your prescribed medications with Tylenol. Do not take more than 4000mg of Acetaminophen (Tylenol) in a 24 hour period.
- Take opioid / narcotics medications AS NEEDED. If you have severe pain, narcotic medication can be taken on a schedule; one or two pills every four hours while awake. As the pain decreases, you can gradually lengthen the time between doses.
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative, such as MiraLax.

Take this over-the-counter medication if you have constipation after taking narcotics.

- If you are having problems with nausea and vomiting, stop taking your opioid / narcotic pain medication. If these symptoms persist, contact the office or go to urgent care.
- Do not drive a car or operate machinery while taking the narcotic medication

Zofran (also known as Ondansetron) is a medication used to prevent nausea and vomiting. Take one tab AS NEEDED for nausea or vomiting every 6 hours.

Some strategies to minimize opioids and control pain:

- Use Tylenol and/or NSAIDs during the day and only use opioids for the first few nights after surgery
- Ice packs; 20 minutes on, 20 minutes off
- Try to get back to your routine. As much as you can, as soon as you can
- Find ways to distract yourself with family, friends, work, hobbies

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.

Weight bearing:

- Use crutches to assist with walking. Dr. Ussef will let you know after surgery if you can put weight on the leg.
- It is preferable to get up and walk at least every 3-4 hours during the day, as this decreases your risk of a blood clot.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by Dr. Ussef
- For right knee surgery, no driving for 6 weeks.
- For left knee surgery, you can drive once your brace is unlocked by your therapist (usually ~ 3 weeks). If you drive a manual transmission car, no driving for 6 weeks
- May return to sedentary work ONLY or school 5-7 days after surgery, if pain is tolerable
- Take deep breaths and cough frequently (at least once or twice an hour). This will reduce mucus from building up in your lungs, and will reduce the risk of developing pneumonia.

- If you smoke (tobacco products or other substances), please stop smoking! Inhalants (including vaping) will slow the healing process and increases the risk of infection and other complications.

BRACE

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until adjusted by the physician or therapist.
- Brace to remain on at all times for 10-12 weeks. You may remove the brace only for hygiene and daily exercises.
- Your therapist will progress you on a progressive range of motion program to regain the movement of your knee.

ROM protocol

Week 1 locked in extension at all times with no knee flexion. Please wear the brace at all times.

Week 2 okay to unlock the brace ONLY for knee exercises ROM 0-30 passive motion. Please wear the brace locked in extension at all times when you are not performing your exercises.

Week 3 okay to unlock the brace ONLY for knee exercises ROM 0-50 passive motion. Please wear the brace locked in extension at all times when you are not performing your exercises.

Week 4 okay to unlock the brace ONLY for knee exercises ROM 0-50 passive motion. Please wear the brace locked in extension at all times when you are not performing your exercises.

Week 5 okay to unlock the brace ONLY for knee exercises ROM 0-60 passive motion. Please wear the brace locked in extension at all times when you are not performing your exercises.

Week 6 okay to unlock the brace ONLY for knee exercises ROM 0-90 passive and active motion. Please wear the brace locked in extension at all times when you are not performing your exercises.

Week 7 okay to unlock the brace ONLY for knee exercises ROM 0-90 passive and active motion. Please wear the brace locked in extension at all times when you are not performing your exercises.

Week 8 okay to unlock the brace ONLY for knee exercises ROM 0-120 passive and active motion. Please wear the brace locked in extension at all times when you are not performing your exercises.

Week 9-12 Okay to start weaning off the brace if sufficient ROM and quadriceps strength are obtained.

KNEE EXERCISES

ICE THERAPY

Use ice packs every 2 hours for 20 minutes daily for as long as there is swelling. Remember to keep the leg elevated to chest level while icing.

PATELLAR MOBILIZATION:

Hold the edges of your kneecap and gently push your kneecap left, right, up, and down. Hold for 5 seconds at each direction. Do this 10 times each way, at least twice a day.



KNEE SAGS:



Passive extension of the knee by using a rolled towel. Note the towel must be high enough to raise the calf and thigh off the table.

Position the heel on a pillow or rolled blanket with the knee unsupported

Passively let the knee sag into full extension for 10 - 15 minutes. Relax your muscles, and gravity will cause the knee to sag into full extension.

This exercise can also be done by sitting in a chair and supporting the heel on the edge of a stool, table or another chair and letting the unsupported knee sag into full extension.

Discomfort and knee stiffness is normal for a few days following surgery. It is safe and, in fact, preferable to bend your knee (unless otherwise instructed by physician)

Complete exercises 3-4 times daily.

Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon)

Formal physical therapy (PT) will begin within 7-10 days.

RETURN TO SPORTS

Anticipated return to cutting and pivoting sports at 6-9 months, at the very earliest.

Criteria

- Quadriceps strength that is at least 80% of the normal leg
- No Pain
- No Swelling
- Full Range of Motion
- No instability or buckling episodes
- No catching or locking episodes. (Painless popping and cracking is harmless and has no bearing on return to sport)
- Strong single leg hop
- Balance and limb control

EMERGENCIES

Contact the orthopedic department if you have any of the following:

- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

If you have an emergency that requires immediate attention, proceed to the nearest emergency room or the Kern Medical Center emergency department

ORTHOPEDIC SURGERY DEPARTMENT: 661-326-2278

Opioid (Narcotic) Pain Medications:

Opioid pain medications have been prescribed to treat post-operative pain. These medications can reduce (but not completely eliminate) post-operative pain. They also have side effects and can be very dangerous.

Pain medications are for temporary use only. Your surgeon will not prescribe these medications for longer than 3 months post-operatively. The goal is to be weaned from these medications post-operatively in a matter of days or weeks. Take them only as needed.

- Take your medication exactly as directed. Do not take extra doses.
- Do not drive a car while you are taking a narcotic pain reliever.
- Do not drink alcohol while taking a narcotic pain reliever.
- Keep opioid medicine in a safe place. Store your opioid medicine in a locked cabinet to keep it away from children and others.
- Do not let any other people take or use your medicines. This is dangerous and illegal. Keep your medicines in a safe and secure place.
- Be very careful about Acetaminophen (Tylenol) overdose. Your narcotic pain medication is mixed with Acetaminophen. Keep a log or diary of your daily pain medication usage. Do not exceed 4000mg of Acetaminophen in 24 hours. Other medications (cough, cold, and others) often also contain Acetaminophen.
- Cryotherapy (icing) and elevating the post-operative limb can provide some pain relief. These methods may help you decrease your need for opioids.

Common side effects include:

- Headache
- Loss of appetite
- Restlessness or nervousness
- Nightmares
- Unusual dreams
- Trouble sleeping
- Weakness or tiredness
- Mental sluggishness
- Stomach pain or cramps
- Blurred or double vision or other vision problems
- Constipation

Constipation is very common, and can be reduced by including green leafy vegetables and fiber in your diet. The most effective medication is MIRALAX, an over the counter medication that can be purchased at any pharmacy.

Call your doctor immediately or go to the emergency room if you have any of the following:

- Cold, clammy skin
- Pale or bluish skin color
- Very small pupils
- Serious trouble breathing
- Very slow breathing
- Severe weakness
- Confusion
- Severe dizziness
- Severe drowsiness
- Slow heartbeat or pulse
- Severe nervousness or restlessness

Please make sure that your doctors know which medications you are taking. Medications can have interactions with opioids that can either increase or decrease their effect.

Narcotic/opioid medication have certain risks associated with it. These include, but are not limited to, the following:

- Allergic reactions
- Overdose (which could result in harm or even death)
- Slowing of breathing rate
- Slowing of reflexes or reaction time
- Sleepiness, drowsiness, dizziness, and/or confusion
- Impaired judgment and inability to operate machines or drive motor vehicles
- Nausea, vomiting, and/or constipation
- Itching
- Physical dependence or tolerance to the pain relieving properties of the medication (This means that if the medication is stopped, reduced in dose, or rendered less effective by other medications you may be taking, you may experience runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout your body, and a flu-like feeling. These can be very painful but are generally not life-threatening.
- Addiction
- Failure to provide pain relief

- Changes in sexual function (This is generally caused by reduced testosterone levels. Such reduced levels may affect mood, stamina, sexual desire and physical and sexual performance.)
- Changes in hormonal levels

Use of these medications pose special risks to women who are pregnant or may become pregnant. If you plan to become pregnant or believe that you have become pregnant while taking this pain medicine please call your primary care doctor. Should you carry a baby to delivery while taking this medication, the baby will be physically dependent upon opioids. Birth defects can occur whether or not the mother is on medicines and there is always the possibility that a child will have a birth defect while taking an opioid. The long-term consequence on a child's development who was exposed to opioids is not understood.

PROTECT YOUR OPIOIDS FROM DAMAGE, LOSS, AND THEFT

- Keep your opioids in a safe, locked place, out of reach of family, children, visitors, and pets.
- Always store your opioids in the original labeled container.
- If you travel, carry the current bottle of opioids with you for safety. This will help you answer any questions about your medicine.
- If you are concerned about the safety of storing medicines in your home, tell your provider so you can talk about how to handle this problem.
- If someone steals your opioids or your opioid prescription, report the theft to the police. If you will be asking for a refill or new prescription sooner than usual, give your provider and pharmacy the police report so they will know why.

FOR ALL EMERGENCIES, PLEASE DIAL 911 OR SEEK IMMEDIATE MEDICAL ATTENTION

Thank you for taking the time to read this. My goal is to provide you with the best and most efficient care possible, and following these guidelines will help ensure that I do.