



# The Centers

for Advanced Orthopaedics

**Lucas Wymore, MD**  
Sports Medicine  
23000 Moakley Street Suite 102  
Leonardtown MD 20650

Office Phone: 301-475-5555  
Office Fax: 301-475- 5914  
Email: lwymore@cfaortho.com

## MPFL DISCHARGE INSTRUCTIONS

**Diet** • Resume regular diet as tolerated.

---

**Medication** • Take 1-2 tablets every 4-6 hours as needed for pain.

- Oxycodone    Tylenol #3    Norco
- Aspirin 81 mg: Take 1 tablet for 2 weeks.
- You have been given a prescription for Phenergan. Fill this prescription **ONLY IF** you have severe nausea.
- If you had a block, begin taking pain medicine at the first sign of return of sensation. Take medicine prior to onset of pain.
- \* Restart your daily medication unless you are instructed to do otherwise

You will be given a prescription for pain medicine at your pre operative appointment. Take the medicine as needed according to the directions on the bottle. Possible side affects include nausea, dizziness, headache, vomiting, constipation and urinary retention. If you experience these side affects please call our office for assistance. Discontinue the medication if you develop a rash, shortness of breath, itching, or difficulty swallowing. If these symptoms become severe you should seek immediate medial attention.

**Refills on pain medication are authorized during office hours only (8am-5pm; Mon-FRI.). Meds will not be refilled on weekends.**

---

### **Activity**

- You have been given a cooling unit to ice your knee. This can be used all at times for the first 1-2 weeks, and then as needed. Do not let the ice pad directly touch your skin. **DO NOT** use heat.
- Apply ice, even though bandages are thick and you may not feel the cold. Apply ice to the 3 times per day for 30 minutes for the first 1 week until your knee is feeling comfortable again. **DO NOT** use heat.
- Pump your foot up and down 20 times per hour, every hour you are awake.
- Place a rolled towel under the ankle of your operative leg 3 times per day for 20-30 minutes for the first week to encourage full knee extension.
- **DO NOT** place a pillow underneath the knee for comfort. To elevate your leg, it must be straight with pillows under your ankle.
- You may begin straight leg raising exercises with your brace on. While lying down, pull your foot all the way up, tighten your quadriceps muscle and lift your heel off of the ground. Hold this position for 2 seconds, and then let the leg back down. Repeat the exercise 10 times, at least 3 times a day.

**Walking**

- Bear weight as tolerated with brace locked in full extension on operative leg. Use crutches for assistance.
  - DO NOT** bear weight. You may stand but **DO NOT** walk with full weight on the operative leg.
  - You may put 30% partial weight on your leg with your crutches
- 

**Showering**

- You may shower 3 days after surgery unless told otherwise. **DO NOT** immerse the knee under water and **DO NOT** rub the incision. Reapply new gauze pads, your ace wrap, and your brace after showering.
- You may **NOT** shower or get the dressings wet until after your doctor visit. Cover the bandages appropriately when washing to keep them from getting wet. Dressing Care
  - Keep the dressing dry.
  - You can expect some light wound seepage through the bandage. **DO NOT BE ALARMED**. Fluid seepage is normal. If the dressing does get soaked: Remove and replace with dry gauze and an ace wrap. **NEVER** remove paper tapes (steri-strips) or your sutures. You may drain more when the pain pump is pulled out. Re-apply your brace.
  - If the ace wrap is uncomfortable, you may remove it and rewrap it. Re-apply your brace.

**Dressing removal:**

- Remove brace and all dressings 72 hours after surgery. **NEVER** remove paper tapes (steri-strips) or your sutures. Apply fresh gauze and ace wrap. Wrap lightly over the wound. Re-apply the brace.
  - You have been given a portable sequential compression device. Wear on both legs when you are not walking including while sleeping until follow up appointment.
  - DO NOT** remove the steristrips until you are seen in our office.
- 

**Arthroscopic**

**Findings**

- Torn medial patellofemoral ligament (MPFL)
  - Torn meniscus (cartilage)     medial (inside)     lateral (outside)
  - Joint lining irritation (synovitis)
  - Focal articular cartilage injury
  - Arthritis:     Mild     Moderate     Advanced
  - Loose body or bodies
  - Other: \_\_\_\_\_
- 

**Procedure Performed**

**MPFL Reconstruction with autograft allograft**

- Partial meniscectomy (cartilage removal)
  - Meniscus repair: limit bending your knee to 90° for 4-6 weeks.
  - Joint surfacing smoothing (chondroplasty)
  - Microfracture
  - Articular cartilage (joint surface) repair
  - Removal of loose body
  - Other \_\_\_\_\_
-

- Physical Therapy**        You will be given a physical therapy prescription to begin in 1 to 2 days.  
**Therapy**            You will be given a physical therapy prescription when you are seen in the office for follow-up.

**Follow-Up Appointment** \_\_\_\_\_ .

Specific Instructions:

- Notify our office at **301-475-5555** for:
    1. A sudden increase in swelling and redness or warm at the area the surgery was performed **which is not relieved by rest, ice, and elevation.**
    2. Oral temperature greater than 101.5 degrees that is not relieved by taking 2 tylenol every 4-6 hours. **Do not exceed 3.5 grams of Tylenol over 24 hours. Note your pain medicine contains Tylenol or acetaminophen.**
    3. Excessive drainage from the incision or dressing which has not stopped 72 hours after surgery which is not relieved by applying a compressive dressing, ice and elevation.
    4. Fever, chills, shortness of breath, chest pain, nausea, vomiting or other signs and symptoms that concern you.
- 

I have seen and understand these instructions.

\_\_\_\_\_  
Discharge Nurse

\_\_\_\_\_  
Patient

Date \_\_\_\_\_

---