

**Patellar Tendon Repair Guidelines**  
**Postoperative Instructions**  
**Stephanie Mayer, M.D.**

**MEDICATIONS:** You were given the following medications:

**PAIN:**

- Oxycodone - should be taken every 4 hours as needed to control pain
- Tylenol (acetaminophen) – should be taken every 6 hours as needed for pain

**INFLAMMATION:**

- Naproxen (naprosyn) – should be taken twice a day for three weeks regardless of pain to help control post-operative swelling and inflammation

**NAUSEA/CONSTIPATION:**

- Zofran (ondansetron)- should be taken every 8 hours as needed to control nausea,
- Colace (docusate sodium)- should be taken by mouth twice a day until your first normal bowel movement. You should take this as long as you are taking narcotic pain medication.
- Miralax (polyethylene glycol)-Mix 1 capful of powder in liquid. This may be taken 1-2 times a day, morning and/or night, in liquid like apple juice, milk, water, etc. if the patient has not had a bowel movement within 24 hours. Results usually take 12-24 hours once medication is started. This is Over The Counter.

**OTHER:**

- Aspirin 325mg once daily for 14 days to prevent blood clots

**DRESSING:**

- You may shower on post op day 3 if you keep the clear plastic dressing (tegaderm on at all times).
- Do **NOT** immerse in a tub or pool for 4-6 weeks to avoid excessive scarring and risk of infection.
- Additional showers after day 7, you may remove your dressing shower letting the water run over the incisions and pat dry before placing gauze and tegaderm over the incisions (see post op knee dressing kit).
  - o Remove ACE bandage on post op day 3, replace it with white TED compression stockings.
- Change the dressings every other day starting on day 3. You may replace earlier if the dressing becomes saturated or leaks through.
- **LEAVE THE STERI STRIPS OVER YOUR INCISIONS.** These will stay on for 1½-2 weeks and will slowly peel off. The sutures used are absorbable and will dissolve on their own.
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**DURABLE MEDICAL EQUIPMENT**

- o T-Scope (hinged) brace locked in extension. Only exceptions to remove are showering or physical therapy.
- o Please wear the SCD's that were provided to you in pre-op as much as possible for the first 2 weeks post surgery.
  - o Ensure the SCD's are fully charged and sleep with them at night – **DO NOT** keep plugged in at night
- o You also were provided with thigh high ted hose – white stockings – please wear for 2 weeks. You may take off for 1-2 hours per day.

**Weight bearing: With crutches and brace locked at all times.**

- Weight bearing as tolerated
- 50% weight bearing (half your weight through the crutches, half through the surgical leg)
- Flat foot touch down weight bearing (weight of the leg only)
- Touch down weight bearing

**Range of Motion:**

- Range of motion 0-30 degrees flexion until 2 weeks post op
- Weeks 2-4 may increase flexion to 60 degrees
- Weeks 4-6 increase flexion to 90 degrees
- After 6 weeks may progress as tolerated

**ICING:**

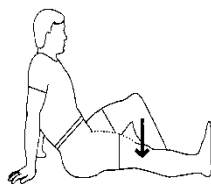
- Icing is very important to decrease swelling and pain and improve mobility. Please ice 6 times a day for 20 minutes at a time. Be sure to keep clothing or a towel between ice cuff and skin, as placing the ice directly on skin may cause a burn to the skin.

**NERVE BLOCK:**

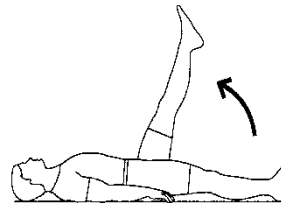
- You may have been given an injection by an Anesthesiologist to block the conduction of a nerve which conducts pain and also controls some of your leg muscles. Therefore you should be relatively pain free for the first day, but you will have little control of your leg. Be careful not to place anything hot or sharp on the leg as you will have decreased sensation and this can cause injury to the skin.

**ACTIVITIES:** Rest and elevate your leg for the first 24 hours, and then for the first 2 weeks whenever you are sitting around at home/school. **DO NOT PLACE A PILLOW UNDER THE KNEE.** Elevate with a pillow under your calf and ankle, being careful to place pillow so that no direct pressure is applied to the heel (foot should hang free just past where the pillow is placed under the calf).

**EXERCISES:** (1) Quadriceps Contractions (5-10 per hour)      (2) Straight Leg Raises (5 per hour)



\*Sit with leg extended.  
\*Tighten quad muscles on front of leg, trying to push back of knee downward.



\*Lie on back with knees straight.  
\*Keeping back against mat, raise involved leg as high as possible while keeping both knees straight.

**Contact Information:**

If you are experiencing the following **symptoms**, please call our office at 720-872-4822 or reach out via My Health Connection.

If this occurs during evening and/or weekend please call 720-848-0000 and ask to speak to the orthopedic surgery resident on call. If life threatening please call 911.

- ❖ Fever (temperature of 101.5 degrees Fahrenheit or over)
- ❖ Redness or yellow/brown/green drainage from the surgical incision site
- ❖ Low back pain/muscle spasm that maybe due to the spinal/epidural anesthesia. Please apply a
- ❖ Persistent severe sharp pain not relieved by pain medication
- ❖ Persistent and increasing swelling and numbness of the hip/leg.

**Post-Operative Prescription Guidelines**

Should you need refills, please contact the clinic within 48 business hours (Monday-Friday 8:30am to 4:30pm). ***Refills will not be authorized outside of these hours.***