



Patellar Stabilization Procedure Post-Operative Orders

Dr. Abigail Hamilton, MD

You received a block and light sedation. Please rest and relax the day of surgery. Be aware of possible dizziness and exercise caution when you are on your feet. **A responsible adult must be with you for the first 24 hours following surgery for safety.**

- Do not drive for 24 hours after surgery or while using narcotic pain medication.
- Do not operate power machinery.
- No important decision-making or signing of legal documents for 24 hours.
- Do not use alcoholic beverages for 24 hours or while taking narcotic medications.
- If you are unable to urinate, feel uncomfortable and it has been 8-10 hours since you last urinated, go to an urgent care or an emergency room

Diet:

- Start with something light like soup and crackers. If you do not feel nauseated, you may eat your usual diet.

Wound Care:

- Remove bulky operative dressing in 2 days.
- You will have a bulky dressing initially which can be replaced with gauze and tape after 2 days or be left open to air.
- Keep steri-strips (white band-aids over wound) in place if they are placed over incision sites until they fall off or they are removed at your first post-operative visit.
- If you have black sutures or staples in place, these will be removed at your first post-operative appointment
- You may begin showering in 2 days after bulky dressing is removed; be sure to pat (not rub) the incision dry afterwards.
- Do not scrub the area; just allow water/soap to wash over you.
- Do not bathe/swim or soak incisions in any way until 4 weeks post-operatively or until incisions are completely healed.

Ice:

- We recommend that you use icing on a consistent basis for the first 48-72 hours. This will help reduce post-operative swelling. After that, use as necessary.
- If an ice-wrap was not placed in the operating room or if you find this uncomfortable, apply ice packs for 20-30 minutes and then remove for a break period of at least 30 minutes to prevent frostbite to skin. If you place directly over bandage and it does not contact your skin directly, you may leave in place for a longer duration.

Braces:

- With an Patellar Stabilization procedure you will be placed in a hinged knee brace. Brace will be worn 12 weeks after surgery. Your motion will be limited by the brace for the first 6 weeks and then we will increase your allowed range of motion. You should not remove for sleep for the first 6 weeks after surgery but after the first 2 weeks post-op can leave it unlocked for sleep. Lock the brace in extension (leg straight – 0 degrees) for ambulation (walking). Otherwise, you may unlock the brace and bend your knee as tolerated. You should continue to wear the brace at night if you are having trouble regaining full extension – lock it in extension for sleep if this is the case.

Crutches & Weight bearing status:

- Following a Patellar stabilization procedure, you may fully weight bearing and wean from crutches as you are able.
- When you are able to ambulate without a limp and feel comfortable doing so, you can safely discard the crutches and walk unassisted. This is usually around 2 weeks post-op.

Physical Therapy:

- Formal physical therapy will be ordered post-operatively upon discharge from surgery. This order is entered in our computer order entry system unless you are specifically planning on doing physical therapy at a non-TCO location. If you plan to do therapy elsewhere, please make sure you coordinate with Dr. Hamilton's care coordinator to have orders faxed to your preferred location. She can be reached at 520-784-6211. Following a Patellar Stabilization procedure, you should start formal physical therapy within 2-7 days.
- Until you begin working with a therapist, you can do some exercises at home, such as quad sets, leg raises and calf pumps. These should be done in your brace. For straight leg raises, please keep brace locked in extension for 6 weeks.

Medications:

- Resume all of your home medicines.
- You will be prescribed a short acting narcotic for home (oxycodone, dilaudid, percocet or norco). Please take this as needed.
- If you are prescribed oxycodone or dilaudid, it is OK to take Tylenol with this medication and doing so will help with pain.
- If you are prescribed Percocet or Norco, these medications already contain Tylenol, and you should not take Tylenol while you are taking these medications. Please call 520-784-6211 If you have any questions regarding medications.
- Taking an anti-inflammatory medication (NSAID) is recommended as long as you have. no medical contraindication to do so. These include ibuprofen, motrin, advil, naproxen, aleve. Please take as directed if prescribed or follow dosing instructions on the bottle if you are taking an over-the-counter medication.

- Zofran (ondansetron)- take 1 tablet every 6 hours as needed. This is an anti-emetic medication that can help resolve some nausea and/or vomiting associated with anesthesia and other medications you are taking.
- These pain medications may be taken in any combination according to how much pain you are having.
- The use of narcotic pain medications can cause constipation. We suggest you use an over-the-counter stool softener while taking these medications (Colace, sennakot).

Follow-up appointments:

- Make sure you have an appointment scheduled with Dr. Hamilton for 2 and 6 weeks post operatively. This should have been arranged while scheduling surgery. If you need to make any changes to these appointments due to time conflicts that arise, etc. please call 520-784-6211 to adjust.

Please call the office between 8:00 am – 5:00 pm at 520-784-6211, or the After-Hours Clinic at 520-784-6441, if you experience any of the following:

- Fever over 101 degrees for more than 24 hours
- Foul drainage, redness or warmth at the operative site
- Large amounts of bleeding or drainage
- Severe or uncontrolled pain
- Persistent nausea or vomiting
- Hives, rash or medication intolerance

*** Call 911 or go to the nearest Emergency Room if you experience shortness of breath, redness, warmth and extreme pain in the calf. These are signs of a blood clot.***

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