

Postoperative Instructions: Quadriceps Tendon Repair

POSTOPERATIVE MEDICATIONS

- PAIN MEDICATIONS
 - A combination of a nerve block and local anesthetics is used to numb your lower extremity so your brain will not receive any pain signals during and immediately after surgery. The length of effect varies from person to person, but the block may provide up to approximately 24 hours of pain relief. You will notice a gradual increase in pain as this begins to wear off, at which time you can increase the frequency of the oral pain medications as needed.
 - **Acetaminophen** (Tylenol) 500mg every 6 hours as needed (maximum of 3 grams per day)
 - **Meloxicam** (Mobic) 7.5 mg once daily for 30 days
 - This is an anti-inflammatory that you should take once daily with food
 - Do not take any additional NSAIDs such as Advil or Aleve while taking this medication
 - Do not take this medication if you are on another blood thinner
 - **Oxycodone** 5 mg
 - After the block begins to wear off, you can take one to two tablets every four to six hours as needed for pain
 - Stagger with Acetaminophen to optimize pain relief.
 - The most frequent side effects of oxycodone include drowsiness, constipation, nausea, and itching. Do not drive or operate machinery while taking Oxycodone. Oxycodone can be habit-forming and the minimum dose should be taken as infrequently as possible
 - On average, patients take opioid medication for 4-5 days following surgery.
- ANTI NAUSEA MEDICATION
 - **Zofran ODT 4 mg** (Ondansetron)
 - You can take one tablet every 6 hours as needed for nausea or vomiting (ONLY IF NEEDED)
- BLOOD THINNER
 - **Aspirin 81mg**
 - Take one tablet twice per day for 30 days, beginning the night of your surgery
 - This medication is used for its anti-platelet effect to help minimize the risk of blood clots
 - Do not take this medication if you are on another blood thinner
- GI PROPHYLAXIS
 - **Protonix** 40mg twice per day for 30 days
- ANTI-CONSTIPATION MEDICATIONS
 - **Colace**
 - Post-operative constipation can result due to a combination of inactivity, anesthesia, and pain medication. To help prevent this, you should increase your water and fiber intake. Physical activity such as walking will also help stimulate the bowels. If constipation persists, over-the-counter Milk of Magnesia and Miralax can be helpful.

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ACTIVITY INSTRUCTIONS

- Your surgery was performed through an incision at the front of your knee. It is normal to experience some sharp pain in the front of the knee when working on moving your knee. You are not doing any damage by moving the knee and feeling this pain, the repair is extremely strong and can only be acutely injured by major event (fall down stairs, car accident, etc).

- **Brace:** Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise instructed after the first post-operative visit. Brace straps may be loosened during use of ice machine.
- Full weight-bearing of the operative leg is encouraged and safe, unless instructed otherwise.
- Keep brace locked in extension while weight bearing with crutches until your first post-operative visit unless otherwise instructed by the physician
- Unlock brace for flexion (bending) and other exercises done in a non-weight bearing position (i.e. lying or sitting)
- Crutches are only for support the first 24-28 hours after surgery. Feel free to walk without crutches as soon as you believe you can safely do so.
- Elevate the operative leg ABOVE chest level whenever possible to decrease swelling. This involves lying completely flat with the leg elevated. The first 48 hours is a balance between mobilization (which is encouraged) and elevation (to be done whenever possible).
- DO NOT PLACE A PILLOW UNDER THE BACK OF YOUR KNEE (i.e. do not maintain knee in a flexed or bent position). Pillows should be under the ankle which will keep the knee straight when elevating. You will feel a pull at the back of the knee when you perform this, this is normal.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician and no driving while taking narcotics.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.
- **ICE THERAPY**
 - Icing is very important in the initial post-operative period and should begin immediately after surgery.
 - Use icing machine continuously or ice packs (if machine not prescribed) for 30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing.
 - Do not place pad directly on skin – make sure there is a barrier such as a t-shirt or towel
 - You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable Use consistently (apart from sleeping) for the first 2-3 days post-operatively, then as-needed
- **DIET**
 - Stay hydrated
 - Start with clear liquids and light foods (jello, soup, etc) and gradually introduce your regular diet.
 - High fiber diet with extra fresh fruits and vegetables to help your body heal from surgery.

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WOUND CARE & BATHING

- **BANDAGE**

- Wait until your first post operative appointment to have Dr. Brusalis' team remove the surgical dressing.
- 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.
- Please do not place any ointments lotions or creams directly over the incisions.

- **BATHING**

- To avoid infection, keep surgical incisions clean and dry for the first 7 days following surgery – you may shower by placing a large plastic bag over your brace beginning the day after surgery.
- Once the sutures are removed at least 10-14 days postoperatively, you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry).
- Do not submerge the incision in a bath, pool, or hot tub until the sutures are removed **and** the wound is healed.

- **SUTURES**

- Absorbable sutures are most commonly used to close surgical incisions. If non-absorbable sutures are used, they will be removed at your first postoperative appointment in 10-14 days.
- Keep an eye on your incisions for **signs of infection**:
 - Excessive drainage that is soaking through your dressing, especially if it is pus-like
 - Redness that is spreading out from the edges of your incision
 - Fever or increased warmth around the surgical area

AT-HOME EXERCISES

- **Formal physical therapy will not begin until after your initial postoperative visit. On the day of surgery, you will be provided with a prescription to allow you to schedule your PT visit for approximately 14 days postoperatively.**
- **IMMEDIATELY AFTER SURGERY:** Perform straight leg raise and ankle pumps directly after surgery. Try to do 100 of each, each day. This can be broken down into 10 sets of 10 reps
- You cannot do too many ankle pumps (another good reminder is to do them during commercials on TV)

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EMERGENCIES

- When to contact our office immediately:
 - Fever > 101.5°F for at least 48 hours after surgery or chills
 - Fevers are not uncommon after surgery and usually are not a sign of an infection. If you experience a fever in the first five days, take Tylenol and continue to monitor your temperature. Please contact the office with any fever that occurs beyond five days post-operatively or continues despite Tylenol.
 - Excessive bleeding from incision(s) (a small amount of drainage is normal and expected)
 - Many patients receive a peripheral nerve block from the anesthesiology team, which can make your operative leg feel numb for up to approximately 24 hours following surgery. Please contact our office if this numbness persists beyond 48 hours.
 - Signs of infection of incision(s) - *excessive drainage that is soaking through your dressing (especially if it is pus-like), redness that is spreading out from the edges of your incision, or increased warmth around the surgical area.*
 - Unrelenting pain despite taking medications as prescribed
- Consider going directly to the emergency room if you are experiencing any chest pain or difficulty breathing

CONTACT INFORMATION

- Dr. Brusalis' Office
 - Phone: 516-743-3036
 - Email: DrBrusalisOffice@hss.edu
- After Hours (Evening & Weekend)
 - If you have an emergency or need to contact the office after hours or over the weekend, call the office number (516)-743-3036 and you will be directed to an on-call HSS physician.

FOLLOW-UP

- You will typically receive a call within 48 hours of surgery to check on your status.
- Your first postoperative visit has already been scheduled for ____/____/____ at ____:____ am / pm at:
 - **HSS Long Island** - 333 Earle Ovington Blvd, Uniondale, NY 11553
 - **HSS Queens Office** - 176-60 Union Tpke Suite 190, Queens, NY 11366
 - **HSS Manhattan** - 535 E 70th St, New York, NY 10021
- Please call our office at 516-743-3036 with any questions regarding your follow-up appointment.