

Medial Patello Femoral Ligament Reconstruction

Palmetto Health USC Orthopedics

Sports Medicine Center

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The medial patellofemoral ligament (MPFL) is the main stabilizer of the patellofemoral joint. Since it has been shown that rupture of the MPFL is the main consequence of patellar dislocation and studies have demonstrated that the MPFL is the main restraint against patellofemoral instability and lateral patellar displacement. Reconstruction of the MPFL has become a widely accepted technique for restoration of patellofemoral stability.

MPFL reconstruction is an outpatient surgery usually requiring a general or regional (spinal) anesthetic. We hope that following information will help you prepare for your surgery, give you an idea of what to expect after surgery, and make your surgical experience as pleasant and easy as possible.

Pre-operative Instructions:

- Do not eat or drink anything after midnight the night before your surgery.
- Please discontinue aspirin and anti-inflammatory medicines such as Motrin, Aleve, Advil, and Ibuprofen 10 days before your surgery if possible to minimize bleeding unless Dr. Plymale placed you on them.
- You may take anti-inflammatory medicines such as Celebrex or Mobic prior to surgery because these medicines do not affect your bleeding time or clotting capability.
- If you take a diet medication that contains phentermine (Adipex) you must discontinue use of it 3 weeks prior to surgery.
- Please discontinue the use of any herbal supplements two weeks before your surgery to minimize anesthetic risks. Some herbs are biologically very important. The following specific herbs should definitely be discontinued prior to surgery: valerian, echinacea, ephedra, ginkgo, kava, garlic, ginseng, and St. John's wort.
- **Anesthesia:** The type of anesthesia used is between you and the anesthesiologist. Local anesthesia alone is not recommended for most patients undergoing knee arthroscopy due to inadequate pain control during the procedure.
- If you are over the age of 55 or have any significant medical problems such as hypertension, diabetes, or heart disease, please contact your primary care physician to discuss what your risks may be of sustaining a medical complication during or after surgery. We will be happy to refer you for a pre-operative medical consultation when necessary as well.
- Make certain that you arrange for someone to drive you home the day of surgery and stay with you the night of surgery.

Surgery:

- Surgery is done very effectively as an outpatient.
- Surgical time is usually 90 minutes after induction of anesthesia, positioning, and sterilely preparing the operative knee.
- Time in the recovery room immediately after surgery is usually between one and two hours.
- If available, a video of your surgery will be given to whoever accompanies you after surgery.
- For most patients, a knee immobilizer is necessary. It will be provided to you on the day of surgery. During your surgical procedure you will be placed in compression type lower extremity stockings to help reduce any possibility of post operative blood clotting. Your insurance company will be billed for the brace and compression stockings however many insurance companies do not cover these charges.

Post-operative Instructions:

- Pain is very manageable with narcotic pain medications for the first few days. Narcotic pain medications may be necessary for up to 2 weeks for the average person. You may also take anti-inflammatory medicines (Aleve, Advil, Ibuprofen, etc.) with the narcotic medicines after surgery. **Refill requests for pain medication called in after 3:00 pm may not be responded to until the next business day. Be aware that use of narcotic pain medication may cause constipation. You may use over the counter stool softeners or laxative as needed. Drinking large amounts of fluids will help with this as well.**
- Post-op medications: Aspirin 325mg-take 1 tablet daily for 3 weeks to help with preventing any blood clots. Also promethazine (phenergan) 25mg-take as needed for increased nausea/vomiting. We will send these electronically to the pharmacy on file the day of your procedure. Before you leave the hospital, the nurses will hand you a prescription for narcotics, which is to be used for pain control. We cannot send these electronically as they are controlled medications. Please pick up the other medications at your pharmacy while filing these. You may alternate these medications every 3 hours as needed to control pain.
- Icing: Postoperatively, we may apply a cold therapy system which is a cooling device will be placed around your knee if you choose. This cooling device is recommended to reduce swelling, decrease pain, and decrease inflammation. When applying this to your knee, please do not allow the cooling wrap to directly touch your skin because this may cause blistering. Place the wrap around your knee over an ACE wrap to prevent skin problems. After the first 48 hours, it is no longer necessary to use this continuously but only as needed for pain and swelling. Ask your nurse in the recovery room prior to discharge if you have any questions. The cost of the ice unit is not covered by insurances; however the cost of this unit is \$150.00 to buy. **Don Joy will supply this. If you would like to purchase this or have any other questions please contact Bobby White at 803-608-0185. When elevating the leg to ice, put the pillow under your foot. The ankle should be higher than the knee, and the knee higher than the hip.**
- Swelling is normal for the first three to four weeks after surgery and may persist for up to three months.
- Driving time: If the surgery is performed on your left leg, you may expect to drive one week after your surgery if you are off all narcotic medications. If the surgery is on your right leg, you may not be able to drive for three to five weeks depending upon the individual. Driving with automatic transmission (as compared to manual transmission) is recommended.
- Showering: You may change the dressing 48 hours after your surgery. You may shower four days after surgery, ok to get wounds wet at that time. You may have little white strips (steri-strips) across your incisions. Please leave these in place when changing the dressing because they help to hold the edges of your incision together. Remove these are two weeks if they have not been removed yet.
- Crutches: Crutches will be necessary for up to 2 to 4 weeks after your surgery in most cases.
- CPM machine: In all cases we require the use of a continuous passive motion (CPM) machine at home for the first few weeks after surgery to help you regain your knee range of motion. This will be delivered to your home by Medtrex and you will be instructed in how to use it. Typically, patients begin with the motion machine by the second or third day after surgery The Company that will be delivering the machine is Medtrex and you can contact them directly at 803-926-3737 if a CPM has been ordered by Dr. Plymale
- Physical therapy: P.T. visits will be needed twice a week for up to 8 to 12 weeks depending upon the individual and the procedure performed. We will schedule your therapy visits within the first week after surgery.
- When will my knee have full range of motion? The amount of time varies depending upon the individual. Most people have full range of motion by three to four weeks after surgery. **Obtaining full extension as soon as possible after surgery is very important and will help make you feel better.**
- Healing time: Your sutures are usually removed within two weeks after surgery if removable sutures are used.
- Return to work: For a sedentary, desk type of job, one can generally expect to return to work in one to two weeks. Reduced hours may be necessary initially. For a moderately strenuous job (prolonged standing or walking but no squatting, climbing, or heavy lifting), one can expect to return around four to six weeks after surgery. For a strenuous job with no light duty available, return to work time can be up to two to three months.
- Out of Work Forms: Please provide our office with any forms from work that need to be addressed. The time required to complete these forms is reduced if you answer the non-medical questions (name, address, employer information, date of injury, etc.) prior to turning them over to us. We ask that you allow our staff 7 days to complete these forms.

- **Surgical complications:** Most patients hopefully will experience no complications and enjoy a rewarding return to regular activities. However, like most surgical procedures, knee arthroscopy does have post-operative complications. Most complications are minor and include kneeling discomfort, areas of skin numbness around the knee, minor loss of knee motion, persistent swelling, or occasional pain in the knee. More severe and less frequent complications include infection, medical complications from anesthesia, blood clots, severe loss of motion necessitating additional surgery, residual pain, progression of arthritis, or nerve injury. **In the event that you have a post-operative complication, please call the on-call physician (After 5:00 pm call 803-296-9200).**

We hope that your experience with the Palmetto Health Orthopedic is as pleasant as possible. Dr. Plymale is Board-certified by the American Board of Orthopaedic Surgery and Fellowship-Trained in Sports Medicine and the arthroscopic treatment of knee, shoulder, elbow, and hip disorders. It is his ambition to return you to activities that you enjoy in the most minimally invasive manner possible utilizing both non-surgical and surgical methods.

We will be contacting you closer to the time of surgery to discuss benefits. Palmetto Health Orthopedics will collect the physician portion prior to surgery. You will receive bills afterwards for any facility fees or anesthesia; they are separate from the physician fee. Please understand we will try our best to make these estimates as close to the correct amount as possible, but they are estimates and it could change if the procedure changes.

If you have any questions or concerns please contact our care team at 296-9340.