

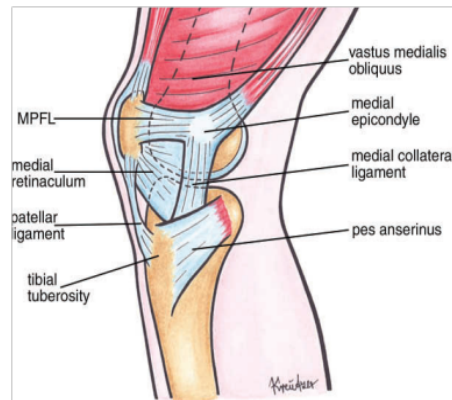
Beth E. Shubin Stein, MD

Phone: 212-606-1752

Email: ShubinSteinOffice@hss.edu

### **SURGERY SPECIFIC INFORMATION**

#### **Medial Patellofemoral Ligament (MPFL) Reconstruction**



#### **How will my MPFL be reconstructed?**

This procedure is done through a small incision made at the inside portion of the knee. The injured ligament will be replaced with a graft, usually a hamstring tendon from the same leg or a cadaver allograft. The graft is attached to the patella via small absorbable screws that hold the graft in place.

#### **How long will I stay in the hospital?**

This surgery is typically done as ambulatory surgery, meaning you will go home the same day of surgery.

#### **What are the possible risks and complications of surgery?**

As with any surgery there is a risk of DVT, nerve damage, and postoperative infection. Specific risks and complications include but aren't limited to re-tear, post-op stiffness, and arthritis.

#### **When can I drive?**

You may not drive while taking pain medication. In addition, if it is your right knee that had surgery, you will not be able to drive for approximately 6 weeks after surgery or until the brace is removed.

#### **When can I resume jogging?**

You will not resume jogging until cleared by your physician. This typically is around 4-6 months after surgery. You will be allowed to begin biking without resistance once you have adequate range of motion and will begin this with your physical therapist. Once adequate quad strength is demonstrated you will transition to the Elliptical, then running is the next step after that.

#### **When can I return to my sport?**

There are many factors in returning to sport after surgery. Most patients are able to return around 6 months after surgery. Please see "Physical Therapy" below for more information.

#### **Will I need to be on blood thinners after surgery?**

Often, patients are put on Aspirin, but depending on your risk factors, you may have a different medication. This is to prevent blood clots.

## What is the recovery period like?

- Brace
  - o You will wear a long brace on your leg, known as a Bledsoe brace, and use crutches. You will wear it day and night, locked straight for 6 weeks. After your 6 week post-op visit, your provider will inform you how to unlock the brace and possibly transition into a smaller brace typically around 8-10 weeks.
    - While resting, it is ok to remove brace. However, brace must be worn while sleeping or bearing any weight.
  - o If you are a patient of Dr. Shubin Stein, you will transition to the smaller brace at 6 weeks, continue its use until you have regained quadriceps strength. This will be determined by your Physical Therapist and typically occurs around the 3-5 month mark.
- Weight bearing precautions
  - o Immediately after surgery you will have crutches with the Bledsoe brace locked straight. \*\*\*You may put some weight on the surgical leg until the first post-op visit, day 7-14.
  - o After the first post-op visit, you'll be informed how much weight you can put on the leg. Typically, you can put as weight on the leg as comfortable in conjunction with crutches.
- Continuous Passive Movement (CPM) Machine
  - o Not necessary.
- Kneehab (quad stimulator)
  - o The quadriceps muscle will become very weak and atrophied following surgery. To limit and prevent the extent of this disuse weakness, you will use the kneehab quad stimulator. This consists of a neoprene sleeve with electrodes that stimulates the quadriceps muscle to keep it in shape.
    - Use for 20 minutes twice daily for 6 months
    - Device will be delivered to your home or given to you at your first post op visit.
- Physical Therapy
  - o The first 6 weeks after surgery, you will do home exercises, no formal PT sessions.
    - Quad sets : 3 sets performed three times a daily.
      - Sit or lie on your back with leg straight. Tighten your quadriceps muscle on the front of the thigh. Hold for 3 seconds, relax. Repeat x 10.
    - Heel pumps: 3 sets preformed three times daily.
      - Sit or lie on your back with leg straight. Bend your foot up and down at your ankle joint, pumping the foot. Complete 10 pumps.
    - Range of motion: 10 minutes, 3-5 times daily
      - Sit on a chair without brace. Use your non-operative leg to support the ankle of your operative leg. Using the non-operative, bend the knee. This will passively bend the operative knee. Dangle allowing the knee to bend as much as possible.
  - o 4 weeks post-op you will have a 1x session at HSS Sports and Performance to evaluate your progress and give you more home exercises. Call 212-606-1005 to schedule.
  - o At 6 weeks you will start formal PT. You will go 2x/week for about 6 months.
    - Dedication and attendance to your sessions are critical to your recovery.
  - o Return to Play Assessment
    - This is a specific evaluation that is performed by HSS Sports and Performance center. It is a two part evaluation; the first part is at post-op month 5-6 and is to demonstrate specific areas that need continued work. You will then be given a detailed program to increase strength in specific areas. The second part is 6-8 weeks later to determine your readiness to return to sport. The two part evaluation costs \$300 and is typically not covered by insurance.

### \*\*\*IF YOU HAD CARTILAGE REPAIRED IN ADDITION TO THE MPFL:

- DO NOT BEAR WEIGHT to the surgical leg until your first post-op visit. Further weight bearing precautions will then be discussed.
- **YOU MAY REQUIRE FOLLOW-UP MRIS AT 3 MONTHS, 12 MONTHS, AND 24 MONTHS AFTER SURGERY.**

## INSTRUCTIONS FOR IMMEDIATELY AFTER SURGERY:

- Activity
  - Apply ice to your knee but keep the bandages dry
  - Elevate your leg on 2-3 pillows or rolled up towels placed under the **heel** so that the heel is elevated higher than your knee. This will help reduce swelling and achieve full extension of the knee. **Avoid pillows under the knee.**
  - For the first 1-2 weeks after surgery, the **most important goal is to regain the ability to fully straighten the knee.** It is much more important initially than being able to bend the knee.
  - Follow the CPM and weight bearing precaution guidelines above.
  - Start your home exercise program
- Bandage and Incision Care
  - Under your brace is an ace wrap- leave this ace wrap on for the first 2 days. You may then remove the ace wrap. Underneath will be several waterproof bandaids. Keep these bandaids in place. However, if the bandaids become wet, dirty, or start to peel off, then replace with Nexcare waterproof bandaids. Under the bandaids is Dermabond, this is a surgical glue and tape that is used in conjunction with absorbable sutures to close the incision. Do not touch the Dermabond.
  - You may re-apply the ace wrap as this helps to decrease swelling.
  - Do not apply creams, ointment or lotions to your incisions for at least 3 weeks.
- Showering
  - You may shower after you have removed the ace wrap. Although the bandaids are waterproof, you should wrap the leg in saran wrap to provide an extra waterproof layer.
  - **Do not get the incision or brace wet**, however, you must wear the brace when standing. You should use a shower chair, or if you have a bathtub-shower, you can sit in the tub. If you take a bath, keep the leg out of the bath. The leg should not be submerged.
- Pain Management and Cold Therapy
  - See POST-OP PAIN MANAGEMENT handout. Around 2 weeks out, you should only be taking the pain medication at night and after strenuous activity as needed.
- Normal sensations after surgery
  - Pain
  - Swelling and warmth up to 2 weeks
  - Small amounts of bloody drainage for first few days
  - Numbness around the incision area
  - Bruising
  - Low grade temperature less than 101.0 for up to a week after surgery.
  - Small amount of redness to the area where the sutures insert in the skin
- **IF ANY OF THE FOLLOWING OCCUR, CONTACT THE OFFICE IMMEDIATELY**
  - Calf pain or ankle swelling in either leg
  - Change is noted to your incision (i.e. increased redness or drainage)
  - Temperature greater than 101.0
  - Fever, chills, nausea, vomiting or diarrhea
  - Sutures become loose or fall out and incision becomes open
  - Drainage becomes yellow, puss like or foul smelling
  - Increased pain unrelieved by medication or measures mentioned above.
- Post-op visit
  - Please ensure that you have a post-op visit scheduled for 7-14 days after surgery.
  - Please arrive 30-45 minutes prior to your appointment time to obtain X-rays.