



Benjamin B. Bedford, M.D.
159 East 74th Street
New York, NY 10021
Tel (212) 737-3301

Instruction Sheet following MPFL Reconstruction Surgery (Patella Stabilization)

CPM (continuous passive motion) Machine:

You should use this machine for 2 hours at home twice daily for a total of 4 hours per day, beginning the day after surgery. The delivery company will explain how to operate the CPM. Begin using it at 0-40 and increase from there. Your goal with this machine is to achieve 90 degrees of flexion (bending) comfortably. Every DAY (not every session) you use the CPM you should try to increase the flexion by 5-10 degrees. You will experience some discomfort while trying to increase your flexion. Once 90 degrees is obtained and has been done repeatedly for 2-3 days, you may call the company to pick up the machine. Also, remember to take off your brace while using it.

Brace:

The knee brace given to you immediately after surgery must be worn while walking and sleeping in locked extension (i.e. with your knee FULLY straight). You may take the brace off when doing physical therapy exercises and/or the CPM machine. Brace hinges should be at the level of the kneecap. You may loosen or tighten the brace straps as necessary, but it should be snug. You will need to wear the brace for about 4 weeks. Your physical therapist and your surgeon will help determine when the brace may be unlocked to allow your knee to bend while walking. Do not attempt this on your own.

Showering:

You may shower 48 hours after surgery, however you must place a plastic bag over the brace while showering OR you have the option to take off the brace to shower so long as you are seated in a chair in the shower. Whatever you decide to do please use CAUTION!! Be careful not to slip, twist, or fall. Do not soak or submerge your incisions in a bathtub, hot tub, or pool until the doctor tells you it is okay to do so. Once you are done showering pat the wound dry, and replace the brace if you have removed it.

Dressing:

Remove all cotton and gauze 48 hours after your surgery and throw it away. Keep the ACE wrap (tan colored stretchy wrap). Please leave steri-strips (white paper sticker-like strips) on your wound until you see the doctor. You do not need to place a new dressing on your knee; just reapply the ACE bandage as a wrap under your brace.

Elevation:

When you are not walking your leg should be straight with a pillow under your foot or ankle (NOT behind your knee). This helps keep your knee completely straight at rest. Try to elevate knee as much as possible to reduce swelling. It is normal for some swelling to track down the lower leg and



at times, even into the foot. This will improve over time.

Ice:

You should use the cryocuff (if you have one) or ice on the knee as often as possible to reduce swelling and discomfort. If using an ice pack, do not ice the knee more than 20 minutes at a time. Let the knee warm up before reapplication (i.e. remove the ice for at least 20 minutes between uses). Repeat this 20-minutes-on and 20-minutes-off cycle as many times per day as you'd like. If you have a cryocuff you may keep this on the knee continuously.

Crutches:

Use the crutches when walking to share weight with the operative leg; however, you may put as much weight on your leg as you can tolerate as long as your brace is fitting well and keeping your knee locked straight/fully extended. When you feel comfortable walking without your crutches in just the locked brace, you may do so. This usually occurs anywhere between 5 days to 2 weeks post operatively.

Follow-up visit:

You need to see the doctor 10-14 days following surgery for your first post-op visit. At that time your sutures (stitches) will be removed. Please begin **physical therapy 2** days after surgery. This means you will be starting physical therapy prior to your first post-op visit in the office. You should have been sent home from surgery with a PT prescription; call the office if you do not have one.

Common Concerns:

1. Numbness around the incision site on the outside part of the knee is a result of a disruption of a superficial nerve during the operative procedure. Most of this will resolve over time but a small area the size of a quarter usually remains numb. This is unavoidable because of the proximity of the nerve to the incision.
2. A sudden rush or feeling of fullness with pain in the leg, knee, or foot when going from a sitting to a standing position in the knee is common after surgery.
3. Bruising and/or swelling of the knee all the way down to the shin and ankle are common after surgery. This is caused by bleeding from the bone (which is cut during surgery) into the area just below the skin. To relieve discomfort from this, it is best to ice and elevate the leg. If at any time you have discomfort, swelling, hardness, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.

Please call if:

1. If at any time you have discomfort, swelling, hardness, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.
2. Any oozing or redness of the wound, fevers (>101.3 degrees F), or chills.
3. Any difficulty breathing or heaviness in the chest.

REMEMBER - these are only guidelines for what to expect following patella stabilization surgery. If you have any questions or concerns regarding your knee please do not hesitate to call the office at any time.