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## Post-Operative Guidelines and Frequently Asked Questions for Patella Fracture and Quad/Patella Tendon Repair

This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

**Post-Op Brace:** A hinged knee brace (typically black) is to be worn for 8 weeks after surgery. Please sleep with the brace on and locked in extension. When showering, do not bend your knee. You must wear the brace locked in extension while walking for the first 6 weeks. You may unlock the brace only for prescribed exercises. **Bending the knee too soon can result in failure of the repair.**

**Wound Care:** Keep the site clean and dry as it heals\*. You may remove the outer bandages and gauze 2 days (48 hrs) after surgery. DO NOT remove the white strips directly over your incision sites. You may shower 48 hours after unless told otherwise by Dr. Kent. Do not apply any gels or ointments to the surgical site. You do not need to re-apply any gauze over your incisions after your first shower, unless there is continued drainage.

\*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends up your thigh and down to your leg and perhaps even to your ankle and foot over the first week after surgery. Do not be alarmed. This too is normal, and it is due to gravity pulling the bruising and swelling downward. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot, or ankle.

**Pain Medication:** Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block or local anesthetic wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as directed, to reduce the swelling and pain after surgery. Take all medication as directed. Please call the office ASAP for a refill when your supply is low. **PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!**

Pain medication may make you constipated. Below are a few solutions to try in this order: Also, if you are prone to constipation try these below.

- A. Decrease the amount of pain medication if you aren't having pain.
- B. Drink lots of fluids such as water.
- C. Drink prune juice and/or eat dried prunes
- D. Take Colace – an over-the-counter stool softener
- E. Take Senokot – an over-the-counter laxative

If those don't work then:

F. Take Miralax – another over-the-counter stronger laxative. Dosage as directed 2 x day  
If they don't work call the office or if you have any questions on this please call us.

Elevate your leg: Keep your leg elevated to decrease swelling, which will then in turn decrease your pain. You should elevate the foot of your bed by putting a couple of pillows between your mattress and box spring or place a stack of blankets/pillows under your leg to keep it elevated and supported above the level of your heart. You may sleep on your side with a pillow between your legs if you wish.

Cold Therapy: You will receive a cold therapy device on the day of surgery or the next day. You will be able to use this device beginning the day of surgery. Use the unit for 20 - 30 minutes at a time, 4-6 times or more per day to manage swelling and pain. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks. If a cold therapy device is not provided, use packs of ice or frozen vegetables as described above.

Follow-up Appointments: Follow-up Appointments: 14 days, 6 weeks, 3 months, 6 months.  
Please plan ahead to arrive on time.

Physical Therapy\*\*: You should have received a physical therapy prescription at your office visit prior to surgery. Begin physical therapy within the first week after your surgery. Consider taking pain medication 30-45 mins prior to physical therapy so that your pain is well-controlled and you can maximize the visit. PT typically is necessary 1-2 times weekly for 4-6 months post-operatively. Please see the PT protocol handout for specifics.

\*\*These guidelines may be adjusted by Dr. Kent as you progress. Typical clearance for full activity occurs at the 6-month mark.

Driving: If you had surgery on your left knee, you may drive when pain is controlled and you are no longer taking narcotic pain medications (usually around 1-2 weeks). If you had surgery on your right knee, you cannot drive until you are able begin bearing weight in the brace (usually around four weeks). Dr. Kent does not recommend that you drive while wearing the brace.

#### Frequently Asked Questions: Quadriceps/Patellar Tendon Repair Surgery

1. What is the Quadriceps Tendon/Patellar Tendon? The patella?

The quadriceps tendon is the coalescence of the four quadriceps muscles (rectus femoris, vastus lateralis, vastus medialis, vastus intermedius) into one tendon as it inserts onto the top of the knee cap (patella).

The patellar tendon is the thick tendon/band in front of the knee that attaches the bottom of the knee cap to the front of your shin bone (tibia).

2. What is a quadriceps tendon/patellar tendon tear? A patella fracture?

An injury in which the continuity of the tendon is disrupted and is no longer attached to the knee cap. This results in the patient being unable to straighten their knee. For quadriceps/patellar tendon tears greater than 50% of the width of the tendon or in those patients who are unable to straighten their knee against gravity, surgery is recommended.

The patella is a bone, and when struck with excessive force it can break just like any other bone.

3. Will these injuries heal themselves?

Some partial thickness tendon tears do not require surgery and may heal themselves. Likewise, fractures of the patella which do not result in displacement or separation of the broken fragments may heal themselves. However, if there is excessive tearing or separation of the injured structures, they will not heal themselves and surgery is necessary for healing. This will be determined and explained to you by Dr. Kent. In both instances, following the recommended treatment guidelines is essential for a good outcome.

4. How long is the recovery?

One can expect to use crutches for about 1-2 weeks after surgery, and a knee brace for about 8 weeks after surgery. Patients can bear full weight after surgery as long as they are wearing the brace and the knee is kept straight (in full extension).

In all, the rehabilitation takes roughly 6 months. This is the time needed for the repaired tissues to heal to a point where Dr. Kent is assured that their strength is suitable for you to resume all activities. Your diligent participation in fitness exercise and PT during this period is crucial to your timely full recovery from surgery.

On average plan on two visits to PT each week. Two additional, independent work-outs should be scheduled per week to adequately address the involved limb.

5. What are the risks of surgery?

The biggest risk after surgery is ongoing dysfunction, pain, or loss of motion in the knee. The best way to mitigate this risk is by following all post operative instructions, attending physical therapy, and committing to regular independent work-outs.

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 14 days after surgery (showers ok, but avoid soaking). Please do not use ointments or other compounds on these wounds until instructed to do so by the staff. Nicotine interferes with wound healing, so discontinuing smoking or vaping 2 weeks prior and 3 months following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, etc. all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner until the clot disappears.

There are many nerves around the knee. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.