Quad Tendon/Patellar Tendon Repair Discharge Instructions

Medications

- Most patients will require some narcotic pain medication for a short period of time, which can be taken as per the directions on the bottle.
    - DO NOT drive a car or operate machinery while taking narcotic medication

- Primary Medication = Norco (Hydrocodone)
    - Take 1 – 2 tablets every 4 – 6 hours as needed
    - Max of 12 pills per day
    - Plan on using it for 2 to 5 days, depending on level of pain
    - Do NOT take additional Tylenol (Acetaminophen) while taking Norco or Vicodin

- Common side effects of pain medication are nausea, drowsiness, and constipation.
    - To decrease the side effects, take medication with food.
    - If constipation occurs, consider taking an over-the-counter laxative such as prune juice, Senekot, Colace (or Periocolase), or Miralax.
    - If you are having problems with nausea and vomiting, please take the prescribed Zofran. If this continues then contact the office to possibly have your medication changed

- •Ibuprofen 600-800mg (i.e., Advil) may be taken in between the narcotic pain medication to help. smooth out the postoperative “peaks and valleys”, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

- Blood Clot Prevention: Please take 81 mg aspirin daily for 4 weeks after your surgery to help prevent DVT’s (this is a very rare complication)

Dressing/Incision Care

- You will have an aquacel waterproof dressing over your incision. You can shower with this dressing in place
- Do NOT remove the dressing for 7 days then ok to remove and let water run over your incision. Do not Soak in a bath/hot tub/pool.
- You may shower with the waterproof dressing as early as two days after surgery.

Ice

- Icing is very important for the first 14 days after surgery. For the first 5 days after surgery, a bag of ice or an ice machine should be used as frequently as possible. Make sure to remove the ice for 15-20 minutes every hour. After 5 days, ice should be applied for 20-25 minutes 4-5 times per day or as much as tolerated.
- Care must be taken to avoid frostbite – always have a washcloth or layer of clothing between the ice and the skin.

Diet

- Resume a regular diet as soon as possible.

Activity

- Increase your general activity level as the effects of the anesthetic medications have worn off and your strength improves.
- **Begin weight bearing immediately after surgery (ok to put full weight on the operative side as long as your knee is locked straight in the brace).** You will likely require the use of a walker/cane/crutches for the first few weeks after surgery
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do NOT place pillows under knee (i.e., do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle to elevate leg.
- 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.

Exercise

- **Keep your knee straight in the brace at all times. Only remove the brace to shower and do not put any weight on your leg if your brace is off.**
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first post-operative visit.

Physical Therapy

- Physical therapy needs to be scheduled to start after your first post-operative visit

FOLLOW-UP CARE/QUESTIONS

- Follow up appointment: 2 weeks as scheduled
- Call (909) 862-1191 x32594 with questions during business hours or send a message using MyChart. After hours please call the after hours nurse line 1-909-793-3311 TTY 711

****EMERGENCIES****

- Contact the clinic if the following occur:
- Painful swelling or numbness
- Unrelenting pain
- Fever (note – it is normal to have a low-grade fever (101° and under) for the first day or two following surgery) or chills
- Redness around incisions
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

Proceed to the nearest emergency room if you have an emergency that requires immediate attention.