Keck Medicine of USC | Henry Mayo Newhall Hospital | Los Angeles General Medical Center

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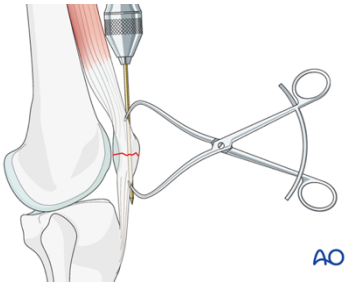
Patient Instructions After Patella Fracture Fixation

Your surgery involves stabilizing the patella, or knee-cap. The patella is part of your "extensor mechanism." Therefore the recovery and rehab focus on gently increasing motion, while protecting the repair. We do not want your knee to become too stiff, but we also want the fracture to heal. Balancing these goals can be difficult!



Post Op Appointment:

You will typically be given a post-op appointment at **7-10 days after surgery** with Dr. Blumenthal's Physician Assistant. At this visit, your dressing will be removed and your incision will be evaluated. Instructions for your post-operative care will be reviewed. You will see Dr. Blumenthal **~3 weeks after surgery** at which time new x-rays will be taken and your sutures will be removed.

Weight Bearing Restrictions:

You may weight bear on your operative leg. The key is that your **leg must be fully extended** while weight bearing. If given a knee immobilizer, it must be worn while walking. If given a hinged knee brace, it must be locked in extension while walking – this may mean that you have to **manually lock and unlock** the brace. There is a button near the hinge on each side that controls the brace's restrictions. **You will need crutches or a walker for the first few weeks after surgery**. While you are "allowed" to bear weight through your leg, it is also ok to not place all of your weight on it.

Knee Range of Motion Restrictions:

The typical protocol is to allow for some knee flexion early and gradually increase. Dr. Blumenthal's instructions are usually to allow for 0-30 degrees of knee motion at first and then advance 10 degrees per week, as tolerated. **Do not push yourself past comfort during the acute early post operative period.** If your body say "no" then the fracture is telling you it is too early. **You do NOT need to start ranging during the first 2 weeks**. Once you feel ready, you may perform heel slides. You may adjust the brace settings each week. Remember to lock your brace when walking. **AVOID "active" knee extension and "passive" knee flexion.** Refer to end of this document for acceptable exercises.

Sometimes, if the fracture was more comminuted or if your bone was soft, Dr. Blumenthal will instruct patients to leave the knee **immobilized in extension for 4-6 weeks** prior to beginning motion. She will tell you or family member after surgery if there are specific precautions based on intra-operative findings and stability.

Ice:

Ice is strongly encouraged! Ice packs help reduce swelling, bleeding, and therefore pain. Just make sure to have a sheet or cloth between any ice and your incision. There is no ideal time frame. Typically "20 minutes on 20 minutes off" is quoted but as long as the ice is not directly on your skin, longer will not hurt you.

Physical Therapy:

You may or may not require PT at a later date, but do not worry about formal therapy for the first few weeks after surgery. PT may not begin until the fracture is starting to heal.

Dressings:

Unless otherwise instructed, **post-op dressings may be taken down 1 week after surgery**. After one week, you may shower. Let water run over your incision and pat it dry. You may leave it open to air or cover it with a clean dry bandage, or gauze and tape. If your dressing becomes wet or is saturated before one week, then you may change it. **Do not apply any lotions or creams**. Do not soak or scrub it. **If you prefer, it is always ok to just leave your dressings on until follow-up. Sometimes this is safer as you do not have to fuss with the dressings**. The allowance for showering is to make you more comfortable.

Sutures/Staples:

These will come out typically 3 weeks after surgery. They are not dissolvable. Please do not worry if your incision appears raised – it will flatten out over time. The sutures are designed to evert the skin edges and promote optimal healing. **Your incision may be red and swollen;** this is normal. The red flag is if there is any significant wound drainage or bleeding that does not cease within the first few days after surgery.

Blood clot prophylaxis:

Typically your medications will be sent before your surgery. Most patients with patella fractures are instructed to take **baby aspirin twice a day for 6 weeks** to reduce their risk of blood clots.

Pain Medications:

Acetaminophen, or Tylenol, is typically first-line for pain control; our preferred dosing is 1000 mg every 8 hours. This is equivalent to two extra-strength Tylenols every 8 hours. You will be given a narcotic (such as oxycodone or tramadol) for breakthrough pain. This medication should be taken every 4-6 hours. You may also supplement with ibuprofen, also known as Motrin. Ibuprofen may be taken at 600 mg (or three regular-strength tablets) every 6-8 hours. **Refills may take 24-48 hours to complete and authorize –** please do not call for refills on Friday as we may not be able to complete them before the weekend.

Bowel Regimen:

You may become constipated while taking narcotics. Take over-the-counter Miralax which is a powder you mix into water. Other options are medications such as senna or colace which are stool softeners. If you develop loose stools, these medications should be discontinued. If you develop severe or worsening abdominal pain, you may require assessment in the emergency department.

Questions/concerns:

Call the office at **661-600-1740** if you have any questions or concerns. During non-business hours, you will be re-directed to the USC call center.

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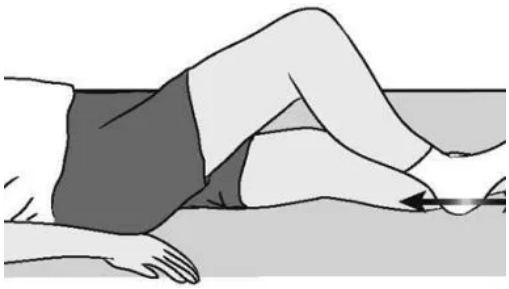
Exercises to perform:

Once you feel comfortable, you may begin to perform exercises. The key is to be **gentle** and **gradual**. You are not trying to win a race. Listen to your body. You do not need to over-do it. Simple heel slides are sufficient.

"Heel Slides"

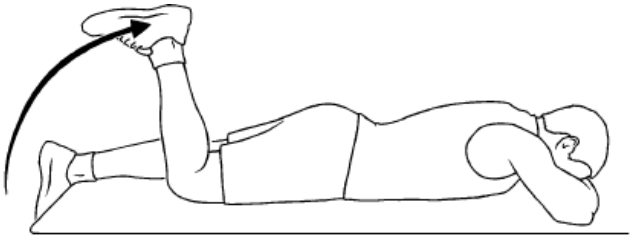


Remove your brace or immobilizer while you are comfortably lying on a flat surface. You may also do this in bed or on the couch – sometimes bed/couch is safer. Keeping your operative leg's heel planted, gently slide it turns your bottom and then back the other way.

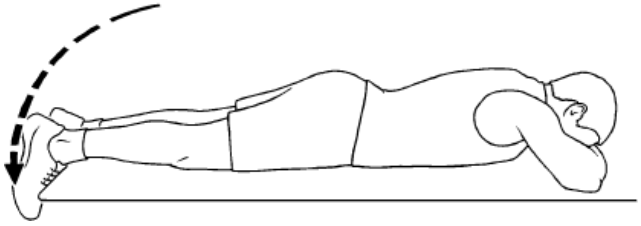
Start with only 30 degrees of knee motion (this is even less than in the diagram). You will gradually increase this motion.

"Prone Knee Flexion"

These exercises are a little more difficult **and are not necessary**. If you are laying on your stomach, you may gently "actively" flex your knee against gravity and then let it slowly come back down to floor level.



Note that in this picture, the patient is flexing almost to 90 degrees – **DO NOT GO THIS FAR EARLY!** Again, you will start with only 30 degrees of motion. This process will be gradual.



"Ankle Pumps"

Ankle pumps will help keep your calf muscles strong while you are recovering. While lying down, move your ankles up and down and around in circles. Keep your knee extended. You may perform these with or without your brace on.

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