



Lisa Kaplin, DO

**TIBIAL SPINE ARTHROSCOPIC REDUCTION INTERNAL FIXATION AND MCL REPAIR  
WITH INTERNAL BRACE DC PPW**

## DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

## 2. WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the ACE bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the second post-operative day – if minimal drainage is present, apply band-aids or a clean dressing over incisions and change daily – you may then shave as long as the wounds remain sealed with the band-aid
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your brace starting the day after surgery – NO immersion of operative leg (i.e. bath)

## 3. MEDICATIONS

- Pain medication is injected into the wound during surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per the directions on the bottle
- Common side effects of the 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
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed
- Do not drive a car or operate machinery while taking the narcotic medication
- Tylenol may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage

## 4. ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling

- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle
- Use crutches to assist with walking – you are not to bear more than 50% of your weight on the operative leg unless otherwise instructed by the physician. No squatting  $>90^\circ$
- **TOUCH DOWN WEIGHT BEARING FOR 2 WEEKS. 50% WEIGHT BEARING FROM WEEKS 2-4. FULL WEIGHT BEARING IN BRACE BY WEEKS 5-6.**
- **KEEP KNEE LOCKED IN FULL EXTENSION (0 DEGREES) FOR WEEKS 0-2. KEEP LOCKED IN EXTENSION WHILE SLEEPING FOR THE FIRST 3 WEEKS.**
- **WEEKS 2-4 INCREASE TO 0-30 DEGREES**
- **WEEKS 4-5 INCREASE 0-60 DEGREES**
- **BEYOND 6 WEEKS INCREASE TO 90 AND BEYOND.**
- 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
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

## 5. BRACE (IF PRESCRIBED)

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise informed by the physician after first post-operative visit
- Remove brace for flexion (bending) and other exercises done in a non-weight bearing position (i.e. lying or sitting)

## 6. ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm elevated to level of chest while icing

## 7. EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises, and ankle pumps) unless otherwise instructed
- Discomfort and knee stiffness is normal for a few days following surgery
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon)



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- Formal physical therapy (PT) will begin after your first post-operative visit

## 8. EMERGENCIES

Contact Dr. Kaplin or her medical assistant at 609-267-2333 if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in wrist or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- \*\*If you have an emergency after office hours or on the weekend, contact the same office number 609-267-2333 and you will be connected to our page service – they will contact Dr. Kaplin or one of her physician assistants if she is unavailable. Do NOT call the hospital or surgical center.

\*\*If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

## 9. FOLLOW UP CARE + QUESTIONS

- A member of Dr. Kaplin's team will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 609-267-2333.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (609-267-2333) and ask for appointment scheduling.