

Sports Injury and Joint Replacement Surgery for the Hip and Knee

MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION PROTOCOL

General Guidelines

- MPFL reconstructions are usually performed on day-only basis or 1 night in-patient stay
- Supervised physical therapy commences immediately post-operatively. Patients should see their physical therapist as soon as practically possible. Supervised therapy continues for 6 months
- Braces are routinely used
- Dr Awwad may alter time frames when indicated.

White compression stockings

You may stop wearing the white compression stockings after 24-48 hours. This compression stocking helps prevent a blood clot from forming in your legs. Once you are walking frequently you will no longer need the stocking. If you develop lower leg swelling, tenderness, and/or redness, please contact Dr Awwad's office or the hospital.

Dressings

The bulky encircling dressings (crepe bandage, velband and pads) may be removed the day after surgery. The small adhesive dressings should be left intact. To shower, cover the surgical knee and dressings with plastic cling wrap. Prior to discharge from hospital, an appointment will be made to see a nurse for a dressing change and wound check between 1-2 weeks post-operatively.

Ice and Elevation

The leg should be intermittently elevated and an ice pack used for 72 hours post-operatively to assist with swelling and pain. Ice packs should be applied for 20-30mins/hr. After 72 hrs, ice packs are no longer required, although can be safely continued and their use is very helpful for pain and swelling.

Pain Medications

The anaesthetist will individualise and organise the appropriate pain relief for patients. Commonly required medication are panadeine forte, tramadol, palexia and endone.

The routine use of anti-inflammatories is not recommended post-operatively, unless directed by Dr Awwad.

General Progression of Activities of Daily Living

- Driving
 - » Left leg surgery 1 week for automatic cars, 4 weeks for manual cars
 - » Right leg surgery 4 weeks
- Return to work as directed by Dr Awwad based on work demands.

Precautions

Patients should contact Dr Awwad's office or the hospital the operation was performed in, if they develop high temperatures, worsening skin redness, worsening calf, knee or thigh pain and swelling and excessive bleeding or ooze from the incision sites.

Rehabilitation Guidelines

Focus on protection of graft during graft fixation (4-6 weeks) and revascularisation (8 weeks).

Weeks 1-2

- ROM knee brace in locked extension on at all times except for supervised therapy
- Mobilise partial weight bearing
- ROM exercises 0-90 degrees with active flexion and passive extension out of brace with physical therapist supervision only

Weeks 3-4

- Full weight bear in brace in locked in extension.
- Brace on at all times except for physical therapy
- ROM exercises 0-120 degrees

Week 5-6

- FWB in brace with range 0-90
- ROM exercises as tolerated

Week 6-12

- Full weight bearing out of brace
- Full active and passive ROM exercises
- Strengthening

Week 12+

- Begin jogging and sport specific activities

Do you still have a question about your recovery that has not been answered within this document?

Please contact Dr Awwad's office prior to your surgical date at:
awwadadmin@orthosa.com.au

Sometimes we may miss a question that is important to you. If so, please feel free to email us your feedback so that we can improve our service to you and future patients –
awwadadmin@orthosa.com.au



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APPOINTMENTS AND ENQUIRIES

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Ask **Dr Awwad** to clarify your restrictions prior to surgery to avoid disappointment.