



Matthew Gotlin, M.D.
159 East 74th Street
New York, NY 10021
Tel (212) 737-3301

Instruction Sheet following Kneecap (Patella) Fracture Fixation

Brace:

DO NOT put weight on your knee. You must use your knee brace and crutches to avoid weight bearing on your operative leg. The knee brace placed on you immediately after surgery must be worn AT ALL TIMES while up and about and while sleeping. Brace hinges should be at the level of the kneecap. *The brace must be locked in full extension.* You may loosen or tighten the brace straps as necessary, but it should be snug. You will need to wear the brace for 6-8 weeks. Your surgeon will help determine when you may begin weight bearing with your brace. Do not attempt this on your own. Weight bearing status is related to fracture healing, not to your level of pain. Do not bear weight on your operative leg until told to do so by your surgeon (usually after 2 weeks). You may open up your brace when seated/lying down and awake, *keeping the knee completely straight*, in order to better ice and elevate the knee.

Showering:

You may shower 48 hours after surgery, however you must place a plastic bag over the brace while showering or remove it and cover your wound with a waterproof dressing. You must not stand or bear weight on your operative leg in the shower -- using a shower stool/seat is advised. Please use CAUTION!! Be careful not to slip, twist, or fall. Do not soak or submerge your incisions in a bathtub, hot tub, or pool until the doctor tells you it is okay to do so.

Dressing:

Remove all white/yellow cotton and gauze 48 hours after your surgery and throw it away. Keep the ACE wrap (tan colored stretchy wrap with velcro). Please leave steri-strips (white paper sticker-like strips) on your wound until your first post-op office visit (if you have them). Reapply the ACE bandage as a wrap under your brace.

Elevation:

When you are not walking, your leg should be straight with a pillow under your foot or ankle (rather than behind your knee) for elevation. This helps keep your



knee more straight. Try to elevate the knee as much as possible to reduce swelling. It is normal for some swelling to track down the lower leg and at times, even into the foot. This will improve over time.

Ice:

You should use ice on the knee as often as possible to reduce swelling and discomfort. Do not ice the knee more than 20 minutes at a time. Let the knee warm up before reapplication (i.e. remove the ice for at least 20 minutes between uses). Repeat this 20-minutes-on and 20-minutes-off cycle as many times per day as you'd like. Be sure to place something between your skin and the ice, such as a washcloth or sweatpants. If you have a cryocuff device, you can use this continually. Do not apply ice directly to your skin.

Crutches:

Use the crutches when walking to avoid weight bearing on the operative leg.

Medication:

You will be given pain medication that should be taken as prescribed. Please note that narcotic pain medication may cause constipation. Please remember to take stool softeners (Colace) when using narcotics to help reduce the chance of constipation. You should not use alcohol together with narcotic medication. Do not drive or operate complex machinery while taking narcotic medication. Please note that most narcotic pain medications have side effects that may include nausea, vomiting, sedation, and/or dizzy spells. If you experience any of these side effects to a severe extent, you should contact our office. When your pain is well controlled (2 days to 2 weeks post-op), you may transition yourself to an anti-inflammatory and Tylenol.

You will also be discharged with a blood thinner, Aspirin 81mg, to prevent blood clots. You should take this medication twice a day for 14 days. It is important not to miss any doses of this medication. Please note that this medication may cause an upset stomach or acid reflux. If this occurs, you may take an over the counter proton pump inhibitor such as Prilosec, Prevacid, or Nexium to help alleviate these side effects.

You should restart all of your prescription medications once discharged unless specifically instructed otherwise.

**Follow-up visit:**

You need to see the doctor 10-14 days following surgery for your first post-op visit. At that time your sutures (stitches) or staples will be removed. If you do not have this appointment made yet, please call the office to schedule it.

Common Concerns:

1. Numbness around the incision site on the outside part of the knee is a result of a disruption of a superficial nerve during the operative procedure. Most of this will resolve over time but a small area the size of a quarter usually remains numb. This is unavoidable because of the proximity of the nerve to the incision.
2. A sudden rush or feeling of fullness with pain in the leg, knee, or foot when going from a sitting to a standing position in the knee is common after surgery.
3. Bruising and/or swelling of the knee all the way down to the shin and ankle are common after surgery. This is caused by bleeding from the bone (which is cut during surgery) into the area just below the skin. To relieve discomfort from this, it is best to ice and elevate the leg. If at any time you have discomfort, swelling, hardness, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.

Please call if:

1. If at any time you have discomfort, swelling, hardness, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.
2. Any oozing or redness of the wound, fevers (>100.4 degrees F), or chills.
3. Any difficulty breathing or heaviness in the chest.
- 4.

REMEMBER - these are only guidelines for what to expect following kneecap fracture fixation. If you have any questions or concerns regarding your knee please do not hesitate to call the office at any time.