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Post Op Instructions: Open Reduction and Internal Fixation of the Patella

You have undergone repair of your patella fracture, during which the two fragments have been fixed together using screws and wires.

BRACE/WEIGHT BEARING

A light compressive dressing has been placed about your knee. The knee brace will help provide security against motion when in bed and getting around. Unless otherwise instructed the brace should remain on at all times and the knee should remain extended or straight at all times. Crutches will be necessary for the first 6 weeks following this procedure.

BANDAGES/BATHING/WOUND CARE

Remove the dressing on the third post operative day. It is normal for some blood to be on the dressings. If your foot swells in the first few days you may loosen the dressing and/or elevate your foot. You may shower on the third post operative day but your incision should be kept dry with a waterproof bandage. You will need help in and out of the shower and use a plastic bench or shower chair.

SWELLING

Some degree of swelling of your leg, foot and toes is normal. Swelling can be minimized by elevating your leg. Try to keep it elevated upon a few pillows consistently for the first few weeks when lying down and intermittently during the day. The goal is for the leg to be above the level of your heart. Swelling can be further controlled by use of ice or cold therapy directly over the site of surgery. If you have a pad and cooler (arranged pre-operatively for this use), keep the sleeve directly over the dressings (and underneath the immobilizer if one has been applied). Cold therapy is effective for the first week, after therapy sessions and when painful.

FEVER

A low grade fever (less than 101°) is common within the first 3-5 days following surgery. If the fever is higher or lasts longer, or is accompanied by increasing pain at the site of surgery, you could have an infection. If this occurs, call our office.

BRUISING

Some bleeding from the surgical site and subsequent bruising down the leg (and sometimes all the way to the foot) is normal, and will go away with time.

ACTIVITY

Do not do too much for the first three days. Too much activity in the first few days after surgery can cause swelling in the knee, increases your pain, and delays recovery. After the first 24 hours, increase your activity level based on your symptoms.

MEDICATIONS

You were given one or more of the following medication prescriptions before leaving the hospital. If you need a refill on your medication, please call the office by early Friday morning to insure that you will have our medications over the weekend.

Narcotics (Oxycodone, Hydrocodone): Some patients do not like to take medications but if you wait until your pain is severe before you take the narcotic pain medication, you will be very uncomfortable. Try to stay ahead of your pain. Always take the medications with food and do not drive while taking narcotic pain medications. Narcotic pain medications can cause side effects, the most common of which is nausea and constipation. If this occurs, trying taking zofran or phenergan to control the nausea. Also you might need to temporarily use a stool softener to alleviate the constipation.

Non-Steroidal Anti-Inflammatory Drugs (Advil, Motrin, Naprosyn): We do not recommend taking NSAID medications until the fracture is completely healed.

Acetaminophen (Tylenol): The provided pain medicine narcotic will typically contain acetaminophen so be cautious when taking additional acetaminophen to control your pain. Daily intake of acetaminophen should not exceed 3500mg.

Anti-Nausea Medication (Phenergan, Zofran): Try to stay ahead of your nausea and take the medication as soon as you begin to feel nauseated.

Antibiotics (Keflex, Clindamycin, Levaquin): Depending on the procedure you may have been discharged home with a course of antibiotics, take them as directed.

Antithrombotic (blood thinners): Sometimes your history or procedure will call for the use of a medication to decrease your risk of blood clots. If so you will be provided a prescription for enteric coated aspirin or other antithrombotic agents.

Regional Anesthesia Injections: You may have been given a regional nerve block either before or after surgery. This may make your entire leg numb for 12-36 hours after surgery.

FOLLOW -UP

You should be scheduled for a post-op appointment within the 10-14 days following surgery, at which time we will review your surgical findings, post-operative program and answer any of your questions.

PHYSICAL THERAPY

Physical therapy usually begins shortly after surgery to assist with getting in and out of bed, and to facilitate learning to use crutches in a safe manner. Physical therapy will be continued once you are discharged from the hospital and will be scheduled by our office.

IN CASE OF EMERGENCY

Please contact me (Curtisbush@texashealth.org) or call the office phone number in case of an emergency. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself or one of my associates will assist you.