



Department of Surgery
DIVISION OF ORTHOPAEDIC
SURGERY

Département de chirurgie
DIVISION DE CHIRURGIE
ORTHOPÉDIQUE

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Dear Patient:

RE: Patella Stabilization

You should be aware of a few aspects of your upcoming surgery. The postoperative recovery is especially important after this type of surgery, and it is important that you plan for this in the immediate weeks that follow the surgery.

In an effort to prevent infection, I strongly suggest that you purchase an antiseptic wash containing Chlorhexidine prior to your surgery. If you use this the night before and the morning of surgery in the affected area only, then the bacterial count of your skin will be significantly diminished and your chances of infection will be decreased.

If you do desk work, you should plan to be off work for at least 7-10 days after the surgery so you can focus on the immediate short-term rehab goals, which will be to regain full knee hyperextension equivalent to preoperatively. This will be achieved through some passive stretching exercises that you will be given. .

We will also ask you in the first week to wear the knee extension splint at all times while you are up on your feet. Otherwise you can begin to try and bend the knee, most easily done by letting it hang over a chair or your bed. After the first 10 days, when you come for a follow-up visit, if you do have a brace, you will be instructed to wear your brace full-time, and you will be able to discard the extension splint if your knee is fully straight.

We have included a prescription for a cooling device which you might consider as a means of cooling your knee after surgery to control swelling. We have included a prescription for a cooling device, the Game Ready sleeve, which you might consider as a means of cooling your knee after surgery to control swelling. You may contact Kinemedics at 613-686-4557 for more information on how to pick up and use this device.

Your pain will be managed and you will be encouraged to do active exercises with your ankle to promote blood circulation. Certainly other commercial icepacks or even frozen vegetables can be applied over the knee and are helpful. Remember to use this only for up to 15 minutes at a time to avoid frost bite in the skin. A referral for physiotherapy will be given to you at the time of surgery. Your physiotherapy appointment should be made as soon as you receive the referral, particularly if you are planning on going to The Ottawa Hospital - Riverside Campus. **If you are being seen at a private clinic or elsewhere in the city, I recommend that you make the appointment before your surgery to ensure that you will have access to therapy within the first week after surgery.**

What to expect postop: Keep the dressing on for 3-5 days, and keep your incision dry except for a short shower which is permitted after Day 4. The incisions should be kept covered as long as there is any type of drainage or seepage. When dry for 24 hours, it can be left open to the air. You can expect some amount of bruising, particularly on your inner aspect of your thigh and your calf perhaps tracking down into the inner part of your foot. This is not unusual and normally disappears within 10-14 days. You will also experience a mild amount of numbness on the outer part of the skin incision which is reflective in the fact that small nerve skin branches are cut providing some numbness. Part of this numbness will resolve but a small aspect may be permanent although functionally this does not appear to bother most people.

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After surgery, you will experience some discomfort and for that you will be prescribed an anti-inflammatory medication which will help reduce swelling and decrease pain. Baby aspirin will be prescribed to minimize the chance of a blood clot in your calf which rarely happens with the surgery but can be a problem if it occurs. We do advise smokers to refrain from smoking around the time of surgery. **It is HIGHLY RECOMMENDED that females on oral contraceptives should also consider stopping this medication for one month before and one month after the surgery in order to decrease the chance of a blood clot in the leg or lung.** If such an arrangement is not possible, please discuss this with me prior to the surgery. The danger with blood clot is the possibility of going into the lungs and if you do experience any shortness of breath, rapid breathing, heart palpitations or chest pain, call the office so that we can arrange for an assessment. I want to stress that these complications are very unlikely on the order of 1-2% of all patients. They can also be treated if recognized appropriately. In general, with our enhanced fixation methods and our stressing to allow partial weight bearing immediately postoperative, these complications are very infrequent.

Any other questions can be directed to my office at (613) 737-8081.

Kind regards,

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GFD/MH