



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

EXTENSOR MECHANISM (QUADRICEPS TENDON / PATELLAR TENDON) RECONSTRUCTION

POST OP INSTRUCTIONS

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ABOUT YOUR SURGERY

- With this surgery, we reconstructed your chronic extensor mechanism (quadriceps tendon or patellar tendon) rupture using a combination of cadaveric tissue, screws, and suture materials. With time, this will heal together and function to again straighten your knee.

POST OP OFFICE VISIT

- You should have an office visit scheduled with Dr. Saltzman or his Athletic Trainer within 7-10 days after your surgery. If you do not have this appointment please call to ask for Amanda Lubert, LAT, ATC at 317-944-9400 to set up an appointment.

MEDICATIONS

- You will receive prescriptions for pain medication (and other applicable medications) on the day of your surgery if you have not already had it arranged to pick up from the office or sent to your pharmacy ahead of time.
- **The goal of the multimodal pain regimen is to minimize the amount of narcotic (opioid) medications that you require for postoperative pain control – if possible, try and take the non-narcotic pain medications instead of the narcotic medication**



unless you feel you need it. You should discuss these medications with your primary care doctor to make sure there are no interactions with any other medications that you are taking, and that your kidneys and/or liver are healthy enough for their use.

- Depending on the extent of the surgery you undergo, you will be prescribed either **Hydrocodone-Acetaminophen 10-325 mg (Norco; #20 total)** or **Oxycodone-Acetaminophen 10-325 mg (Percocet; #20 total)** for pain. You may take 1 or 2 tablets every 6 hours as needed. Also depending on the extent of the surgery required, you may additionally be prescribed **Tramadol 50 mg (Ultram; #20 total)** which can be taken either as an augment for pain control, or otherwise as a “step-down” pain medication for mild to moderate pain. These medications work differently for different patients, so you may do better with one versus the other. Dr. Saltzman recommends getting both prescriptions filled and taking one or the other. **DO NOT TAKE BOTH AT THE SAME TIME.** Also, these medicines are **OPTIONAL**, and are not necessary if your pain is tolerable.
- You will also be prescribed **Naproxen 100 mg twice daily (Naprosyn; #28 total)** for pain as needed. This will help through anti-inflammatory pain pathways to further augment overall pain control. This should be your option for pain control if the pain is not so bad as to require the narcotic medication(s).
- You will receive **Gabapentin 100 mg three times daily (Neurontin; #21 total)** which will help through nerve-based pain pathways to further augment overall pain control. It will help as part of the multi-modal pain pathway to reduce overall pain response.
- Once you are off the Norco/Oxycodone/Tramadol and Naproxen, or immediately after surgery, you may start taking Tylenol and Motrin. Unless you have a medical condition that prevents the use of Tylenol or Motrin, you can take 600 mg of Motrin and 650 mg of Tylenol **TOGETHER** or in a staggered fashion every 6 hours as needed. *Do NOT take Norco/Tramadol and Tylenol together (Norco contains tylenol), and do not take Celebrex and Motrin together.*
- You will also receive a prescription for a nausea medicine called **Ondansetron 4 mg ODT (Zofran; #10 total)**. You may take one tablet every 8 hours as needed for nausea.
- You are strongly encouraged to take a stool softener and/or laxative while taking narcotic pain medicine. You will be prescribed **Colace 100 mg (#30 total)**, a stool softener, which can be taken twice daily for constipation as needed.
- Finally, you will receive a prescription for **Prilosec 20 mg (Nexium; #14 total)** which we recommend to take every morning in order to combat the occurrence of heartburn while on the medications above in the postoperative period.
- If you are having pain beyond what is expected from surgery and you need to speak to someone from our office, please do not wait until after 4 PM on weekdays or over the weekend, as we will not be able to address it. Please call 317-944-9400 for further instructions.

ANTICOAGULATION (BLOOD THINNERS)

- You will receive a prescription for **Aspirin 81 mg (#42 total)** to be taken twice daily for prophylaxis against blood clots unless you have a contraindication to receiving this.
- Ambulation, foot/hand pumps, and movement of the surgical site within the confines of the weightbearing and motion restrictions below are additional ways to reduce the occurrence of blood clots after surgery.

DRESSING CHANGES, WOUND CARE, AND BATHING

- You will leave the operating room with a waterproof bandage over your surgical incision. This should remain in place until you are seen for your initial postoperative visit in the clinic. You may leave the operating room with additional cast padding and/or ace wrap



material over the top of this, which is for local swelling control in the early postoperative period and can be removed at 24 hours after your surgery. You may notice a small amount of clear or reddish drainage in the center of the waterproof bandage - this is normal. However, if you saturate through the waterproof bandage and it loses its seal over the surgical site, please contact our office.

- Please keep your wounds clean and dry. You may shower with waterproof bandage over the wound, but you should not bathe or soak your surgical site. Please do not apply any lotions, creams, or ointments directly to the incisions until 30 days after surgery. After your sutures are removed at your first post op visit, you may get your incisions wet and they no longer need to be covered.
- **AVOID STEAM ROOMS, SWIMMING POOLS, AND TUBS FOR A FULL 4 WEEKS AFTER THE DATE OF YOUR SURGERY TO AVOID INFECTION.**

SWELLING / INFLAMMATION CONTROL

- Icing the surgical is very important following surgery. In most cases you will be offered a Polar Care unit to use after surgery. This unit is a cooler which circulates cold water through a cuff. This will be provided to you by IU Health. This device may be left on the surgical site for extended periods of time. There is a rental fee to use this device, or it may be purchased directly. For any questions regarding this equipment please call Indiana University's Post Surgery DME Department at 317-292-3457 (Rob Kalmes).
- If you choose to use regular ice packs, please limit icing to 20 minute sessions every 2-3 hours at most to avoid any skin problems.
- Icing should be continued for the first several weeks following surgery.
- In addition to icing, compression with a support/wrap and elevation of the affected limb above the level of your heart will promote good circulation and reduce both swelling and pain.
- It is normal to have swelling and/or bruising around your incisions, or about the surgical extremity after surgery. This will gradually resolve after surgery.
- **PROLONGED FEVER OVER 102 DEGREES, THICK DRAINAGE, CHEST PAIN, SHORTNESS OF BREATH, OR CALF PAIN SHOULD BE REPORTED IMMEDIATELY. PLEASE CALL/PORTAL MESSAGE THROUGH THE PATIENT PORTAL (DEPENDING ON DAY/TIME) IF YOU EXPERIENCE THESE SYMPTOMS.**

WEIGHTBEARING STATUS / IMMOBILIZATION

- You are allowed to weightbear as tolerated with crutch(es) for assistance immediately postoperative. Your physical therapist will help to transition away from the use of the crutches at his/her discretion.
- You will keep the operative extremity immobilized with the knee brace and locked in full extension for several weeks until you are told to begin advancing motion as per the standard postoperative physical therapy protocol.

REHABILITATION / PHYSICAL THERAPY

- Physical Therapy will not begin until after your first postoperative appointment – often not until the 6-week postoperative time point. This will be discussed with you at your postoperative appointment; the therapy can ultimately be done at any facility you like and clearance to begin PT will be provided when appropriate.
- A PT protocol will be given to you in your postoperative folder with your instructions.

DRIVING AFTER SURGERY

- The ability for someone to resume driving after surgery is seldom a medical question, but more often a legal question. Driving with any form of a brace on may be interpreted



as driving while impaired. It is the responsibility of all licensed drivers to drive safely at all times no matter what their permanent or temporary impairment may be.

WORK AFTER SURGERY

- Discussions of return to work will depend on the type of work that you perform, and the immediacy of needs to return. This discussion will be had preoperatively and at each visit postoperatively in order to help you, the patient, to get back to what you need to be doing in a timely fashion, while not compromising your surgical outcome.

DIET AFTER SURGERY

- A balanced, healthy diet high in proteins is most valuable for the body to utilize during the healing process after surgery. There are otherwise no formal restrictions on your diet after surgery.

OTHER COMMENTS

- We recommend to abstain from alcohol or tobacco use in the postoperative period. This is for general health reasons, as combination with the prescribed medications can be dangerous, but also to prevent adversely affecting the body's healing response to your surgery.

*****If you have questions and need to speak to the nurse, please send us a message via the patient portal (instructions on how to create a patient portal will be provided at the time of surgery) ... or if more urgent, please contact us at our triage/call center at 317-944-9400 *****

*****If you have an emergency after hours or on the weekend call the physician on call at 317-944-9400 or call 911*****

*****Someone from Dr. Saltzman's team will call you on your first day after surgery to address any questions or concerns*****