



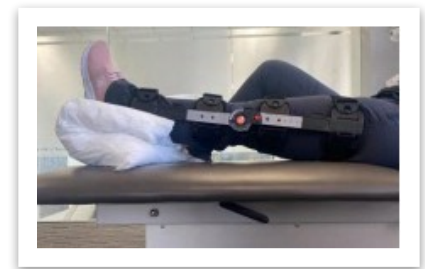
Post Operative Instructions: Quadriceps Tendon Repair

ACTIVITY

- You may weight bear as tolerated with the brace locked in extension. You must use crutches to assist with walking.
- You may bend your knee 0-70 degrees while wearing your brace for exercises. After your first two weeks post-operatively, you may start bending your knee 0-90 degrees with your physical therapist.
- Avoid using your quadriceps muscle when trying to straighten the knee in the brace. Use your hands and the other leg to help move your surgical leg and knee.
- Limit prolonged standing or walking for the first 5–7 days after surgery.
- Avoid long periods of sitting without elevating the leg and avoid long-distance travel for 2 weeks.
- Do not prop up a pillow under your knee. Instead, support your heel so gravity can help fully extend your knee, as shown in the picture below.
- *****Use your hands or the other leg to help move your leg in the brace. DO NOT use your quadriceps muscle or try to actively straighten your knee in the brace until after the first postoperative visit *****

BRACE

- When walking or moving around, the knee brace must be on and locked
- Wear the brace while sleeping, locked in extension.
- When sitting or lying down while awake (reading, watching TV, etc.), you may loosen the Velcro straps or remove the brace.



DRESSING & INCISIONS

- A small amount of red-tinged drainage on the dressing during the first 2 days is normal.
- Keep the dressing clean and dry; protect it while bathing or showering.
- Remove the dressing 4 days after surgery.
- You may apply Band-Aids to the incisions or leave them open to air.
- Do not apply Bacitracin or other ointments.
- Avoid soaking in pools, lakes, hot tubs, or the ocean until sutures are removed and the incision is fully healed.

Dressing Care – SYLKE Dressing

- A **SYLKE dressing** is a white, silk-like strip approximately **1 inch wide** placed over your incision.
- The SYLKE dressing should be **removed 3–4 weeks after surgery**, unless your surgeon gives you different instructions.

Showering with the dressing

- You may shower **once the incision is sealed and any immediate postoperative drainage has stopped**, usually around **post-operative day 3–4**.
 - The SYLKE dressing is **water-resistant and breathable**, so brief exposure to clean, running water is safe.
 - **Do not soak, scrub, or rub** the incision area.
 - After showering, **gently pat the area dry** with a clean towel.
 - Once the initial dressing is removed, **leave the incision open to air** unless otherwise instructed.
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PAIN & INFLAMMATION

Ice

- Apply ice wrapped in a dry towel 20 minutes at a time, several times per day for the first week, then as needed.

Compression

- Use an ACE wrap or white stocking to reduce swelling.
- The white stocking should be worn for 5–7 days to help prevent blood clots and reduce knee swelling.

Elevation

- Keep your foot elevated above heart level as much as possible for the first 3–4 days.
- Place a pillow under your calf or foot, not under the knee.

Pain Medications

- Take your prescribed medications as directed.

Tylenol (Acetaminophen)

- First-line for pain.
- Take 1000 mg every 6–8 hours.
- Do not exceed 1000 mg per dose or 4000 mg per day (limit to 3000 mg/day if you have liver issues).
- Do not drink alcohol while taking Tylenol.

Oxycodone

- For moderate to severe breakthrough pain only.
- Use sparingly and wean off as soon as possible.

Common side effects include:

- Nausea: Take with food.
- Drowsiness: Do not drive or operate machinery.
- Itching: Benadryl may help.
- Constipation:
 - Use stool softeners (e.g., Senna-Docusate) or OTC options (Mineral Oil, Milk of Magnesia, etc).
 - Avoid bananas, rice, apples, toast, and yogurt (may worsen constipation).
 - Light walking helps stimulate bowel function.

Refills:

- If you think you will need a refill, you must request it during regular weekday office hours.
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DVT PROPHYLAXIS

- Take Aspirin 162 mg daily as prescribed.
 - This is not for pain—it's to reduce the risk of blood clots (DVT/pulmonary embolism).
 - If you are at higher risk, you may be placed on Lovenox instead. If you are already on anticoagulation, you may have a different plan.
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EMERGENCIES

You must have someone stay with you during the first 48 hours after surgery.

Call the clinic or the on-call orthopedist if:

- Drainage soaks the dressing, increases, smells foul, or if incisions become red, warm, or very painful.
 - You develop a fever $>101.5^{\circ}\text{F}$ or chills.
 - You experience leg or calf pain, swelling, or difficulty breathing.
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FOLLOW-UP CARE

- Schedule a follow-up appointment at ~2 weeks postoperatively for a wound check, suture removal, and review of your surgery (if not already scheduled).
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EXERCISES

- When you feel ready, you may perform each exercise 2–3 times per day.
- It may help to take pain medication 20–30 minutes beforehand and apply ice afterward.

Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds

Perform 2-3 sets of 10

