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**Postoperative Instructions after SURGICAL REPAIR OF QUADRICEPS TENDON RUPTURE**

1. Activity instructions:

- a. The knee immobilizer (brace) must be worn at all times to keep your knee straight. No bending of your knee.
- b. You may put full body weight on your surgical lower extremity in the knee immobilizer.
- c. You may be provided with crutches or a walker to help with balance while walking in the knee immobilizer.

2. Surgical dressing instructions:

- a. You may remove the Ace wrap and cotton dressing on postoperative day #3.
- b. You have a water-resistant dressing beneath the Ace wrap and cotton. This dressing may remain in place until your first follow-up appointment, unless otherwise specified (see below).
- c. You may be recommended for use of a collagen surgical dressing to help speed wound healing and improve the surgical scar. If you are participating in this program, a dressing supply kit will be mailed directly to your home after surgery and will include further instructions.
- d. The initial postoperative dressing and the collagen surgical dressings are water-resistant. You may shower with either type of dressing in place, when desired, but you must sit down and keep your knee straight when showering. Do not submerge in a bath tub.
- e. Remember not to bend your knee when doing any dressing changes and re-apply the knee immobilizer afterwards.

3. Prevention of deep venous thrombosis (blood clot):

- a. The best way to avoid a blood clot is to ambulate regularly.
- b. If you do not usually take any other blood thinning medications, then you will start taking **aspirin** 81 mg by mouth once per day on the morning of postoperative day #1 and continue this for 4 weeks.
- c. If you already take a blood thinning medication at baseline, then your instructions are as follows: \_\_\_\_\_  
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4. Pain control:

- a. The best way to control pain is to control swelling. The best way to control swelling is to **elevate** your surgical lower extremity above the level of your heart as much as possible and apply **ice** often.
  - b. Start taking **acetaminophen** on the day after surgery, or the day that you get home from the hospital. Take 1000 mg by mouth three times per day and continue this for 2 weeks.
  - c. An electronic prescription has been sent to your pharmacy for a 2 week supply of **meloxicam**, which is a non-steroidal anti-inflammatory drug (NSAID). This medication helps to decrease postoperative inflammation, swelling, and pain. Start taking this on the day after surgery, or the day after you get home from the hospital. Some patients have been advised by their family physician to avoid NSAIDs. If you are unsure, call your family physician to ask.
  - d. An electronic prescription has been sent to your pharmacy for a 1 week supply of **narcotic pain medication**. Narcotic pain medication is sedating and constipating. Increase your fluid intake and use over-the-counter stool softeners as needed to help with constipation. Use the narcotic pain medication when your pain is most severe. Wean yourself off of the narcotic pain medication as soon as possible.
  - e. The acetaminophen and meloxicam are intended to be taken every day as instructed above for 2 weeks postoperatively. The narcotic pain medication may be utilized on an as needed basis. Some patients find it necessary to utilize more of the narcotic pain medication and some patients find it necessary to utilize less. It is safe to combine narcotic pain medication, acetaminophen, and meloxicam.
5. Reasons to call the office:
- a. Foul odor or excessive drainage from your surgical dressing.
  - b. Increasing pain not relieved by pain medication.
  - c. New numbness or tingling.
  - d. Signs or symptoms of systemic illness (fever, chills, nausea, generalized weakness or body aches, etc.).
6. Follow-up:
- a. A 2 week follow-up appointment was made in the office on the day that you scheduled your surgery. If you do not know the date of the follow-up appointment, please call the office at your convenience for a reminder.