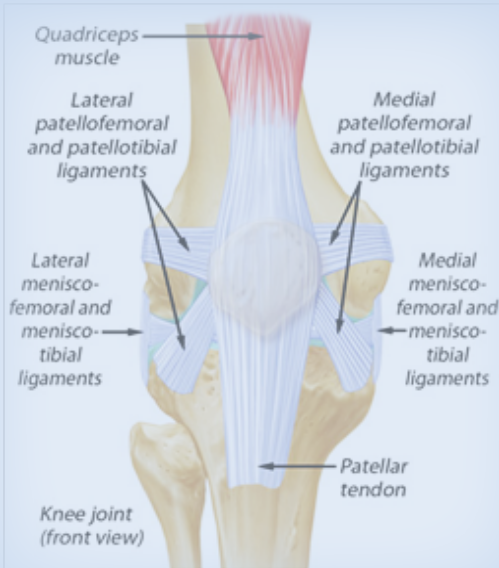


Medial Patello-Femoral Ligament Reconstruction



Patient Information

Introduction

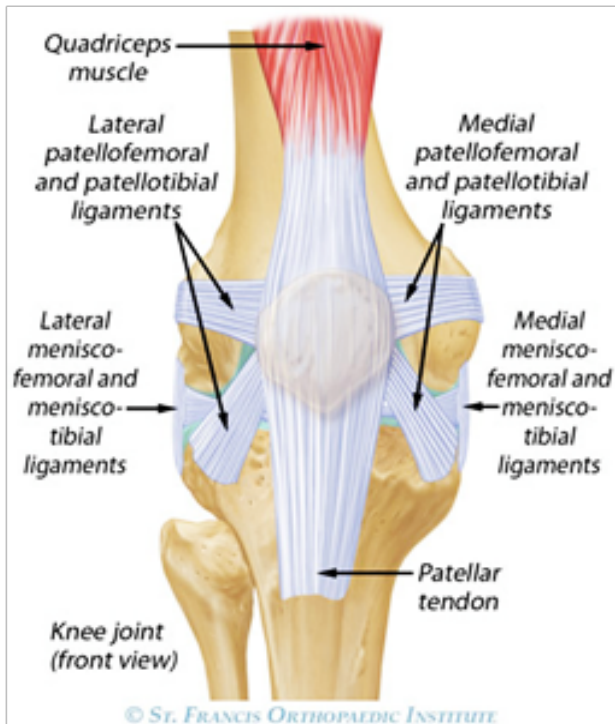
This booklet is designed to provide information and advice about your Medial Patello-Femoral Ligament (MPFL) Reconstruction. The information will aid your recovery and rehabilitation immediately following your surgery at the James Paget University Hospital and once you are discharged home.

The aim of your surgery and post-operative advice is to reduce your pain, reduce stiffness and improve the movements in your knee, which will in turn improve your walking.

You will be seen by a physiotherapist on the ward before or after your operation and in then in the community for your rehabilitation.

Anatomy and function

The MPFL is a ligament which attaches from your inner knee cap (patella) to your inner aspect of your thigh bone (femur). This ligament prevents the kneecap from mal-tracking and dislocating, coming out of the joint.



Reason for surgery

The ligament is usually damaged during your first dislocation caused by twisting on your leg. When the kneecap mal-tracks or dislocates, it usually moves to the outside of your knee joint which can cause the MPFL to stretch and tear. It can make you more likely to experience similar episodes when stressing the knee in the future, called recurrent dislocation. If a brace and exercises were not successful, then an operation will have been recommended.

What happens during the operation?

After key-hole surgery to assess and treat any problems inside the knee, an artificial ligament (Neoligament) is attached to the inner kneecap and the inner femur in a "V" shape. This acts like a pair of reins to stop the knee cap dislocating whilst maintaining full range of movement.



Your hospital stay

The surgery you have undergone is usually a day case procedure; however it may require an overnight stay depending on your recovery. You will see a physiotherapist before you are discharged home to discuss your rehabilitation.

Post-operative advice

Walking

You are allowed to fully weight bear through your operated leg. This means, whilst you are walking, you can put as much weight through the limb as pain allows. It is expected to be uncomfortable for approximately two weeks. You will be given a pair of crutches to help you to move around during this time. These do not need to be returned to the hospital. The ward physiotherapist will teach you how to use your walking aid appropriately and go through how to complete steps and stairs if required.

Knee brace

You are required to wear a brace for three weeks. You can remove the brace when you are resting, icing the knee or doing some of your exercises. Please wear the brace at night and whilst walking as it will prevent any unwanted movement at your kneecap whilst recovering from surgery.

A physiotherapist will demonstrate to you how to apply and remove the brace. It is vital that you have the brace fitted properly before getting up after your operation, and that you are confident in using it when you are home. The brace must be worn directly onto the skin.

There are several types of knee brace that can be used. Your consultant will select the one they feel is most appropriate for you following your surgery.

Wound care

Once you return from theatre you will likely have small wounds around your knee which have been dressed and covered up with a bandage. The wounds will be closed with a dissolvable stitch and tissue glue. It is vital that you keep them dry until healed, which is usually 10 to 12 days. You will not be able to shower as you will be wearing a brace. The wound will normally be reviewed at your GP surgery between 10 to 14 days following surgery.

Washing and dressing

It is usually easier to get dressed whilst lying in bed or sitting on a chair. Someone may have to assist you to dress your operated leg first, as you may struggle to dress over the brace. It is vital that you always wear your brace underneath clothing.

We recommend that you wash by a sink until notified by your consultant, as you still have to wear your brace. To wash your leg, place it on a stool, so that it is fully supported, and ask for someone to help you undo the brace. From here the leg can carefully be washed. Do not rub over the wounds and pat dry.

Wound infection

If the wound edge becomes red, oozy and/or painful please contact the ward that you were admitted to for your surgery. You will be asked to come into the hospital for a physical review to assess if you need antibiotics and which antibiotics you might need. Please do not attend your local GP Practice for a review of your wound if you believe it to be infected.

Avoid using spray deodorant, talcum powder, perfumes or creams near or on the wounds until they are well healed to reduce the risk of infection.

Anti-embolism stockings

On the day of your operation you may be given a pair of stockings, which you would need to wear for six weeks (night and day). The aim of these stockings is to reduce the risk of blood clots. The only time these should be removed is for your legs and feet to be washed. If needed, you will be given two pairs, so you can wear one and wash one. You will need someone to help you put on and take off the stockings. The Red Cross are no longer available to help with this.

Pain relief

As with any surgery, you should expect some degree of pain. Painkillers will be prescribed and it is advised that you take them regularly so that you can perform your exercises and to be able to walk.

Ice and swelling

You will experience swelling of your knee for up to six weeks post operatively.

Ice should be used to help control the pain and reduce swelling. Sit down and place your heel on a foot stool. Make sure you place a protective layer between your skin and the ice (e.g. a damp tea towel). A large bag of frozen peas is an excellent ice pack. Remove the ice after a maximum of 15 minutes. You can repeat this up to four times a day. Using ice is very important to help regain full extension of the knee after the operation. This in turn will help you to walk properly.

Sleeping

You can sleep on either side but it may be more comfortable to sleep on your back or on the non-operated side. If you are sleeping on your side then it may be comfortable to put a pillow in between your knees.

Sexual activity

You can resume sexual activity when you feel ready.

Sports

Your surgeon will advise when you can return to high impact sports or activities such as running and jumping. Usually this is after six to 12 weeks but following some operations this may take longer. Discuss with your surgeon your preferred choice of sport or activity if you have any concerns.

Return to work

It is a good idea to discuss returning to work with your consultant and physiotherapist after your operation. It is generally suggested that you have six weeks off work after your operation, however if your job involves a lot of sitting you may be able to return sooner. If you require a Fit Note, please ask the ward staff after your operation.

You will see your consultant at six weeks in an outpatient appointment if you have any concerns regarding work nearer the time.

Driving

It is best to avoid driving for six weeks after your operation. You must be pain-free and not taking strong pain medication. You need to be able to fully control your vehicle when driving to comply with the Road Traffic Act. If you need to, please talk to your consultant or GP to discuss this matter further.

It is also advised that you contact your insurance company to inform them of your procedure.

Flying

Discuss with your consultant and with the airline's medical department if you wish to fly within six weeks of your operation due to the risk of a clot. You should also discuss with your GP if there are any other measures to be taken as you may be on new medication due to your operation.

Physiotherapy exercises

These exercises should begin straight after your procedure and movement should be as far as your pain allows. Aim to do five to 10 repetitions, three to four times daily.

By the second week following your surgery, you should be able to bend your knee from 0° to 90°. It is extremely important to also work on straightening your knee fully.

It is important to have a balance between rest and exercising your knee. Rest your leg on a stool when sitting in a chair.

Prior to completing your exercises, ensure that you have taken adequate pain relief as this will allow you to complete your exercises effectively.

The following exercises should not make your pain worse, however if they are too uncomfortable please contact your consultant or community physiotherapist.

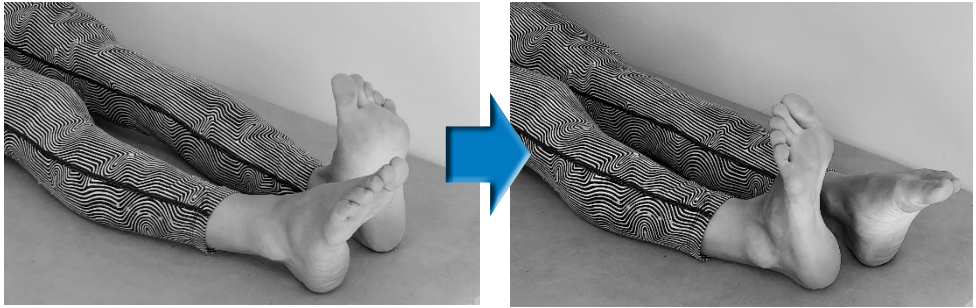
Important note

You can complete the exercises on pages 10 to 13 without your brace, unless otherwise instructed by your Physiotherapist. You must wear your brace for the standing exercises on pages 14 and 15.

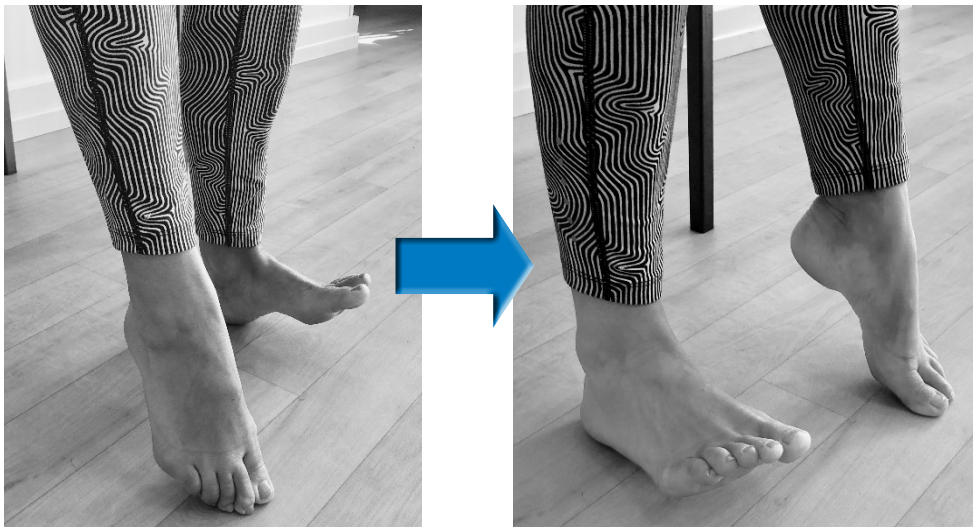
Exercise 1 – Ankle Pumps

Sitting in a chair practise pointing your toes up towards your head and then point them away from you. This exercise is important for your circulation and to work your calf muscles. It can be completed either in your chair or bed and helps to prompt circulation in your legs.

In bed



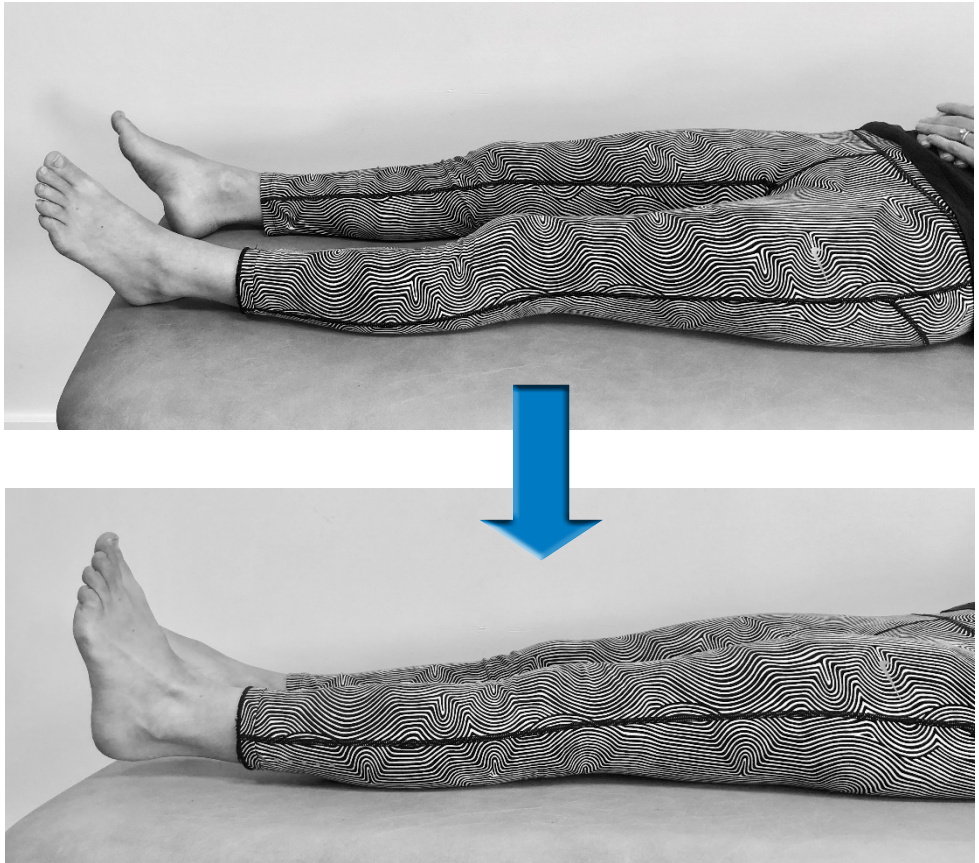
In the chair



Exercise 2 – Static Quadriceps

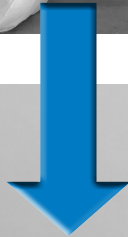
With your leg resting on the bed or stool and your knee straight, practise pressing your knee down into the bed/stool and hold for five seconds; keep your toes pointing towards the ceiling.

This exercise is important to strengthen the muscles which straighten your knee, which is important for walking.



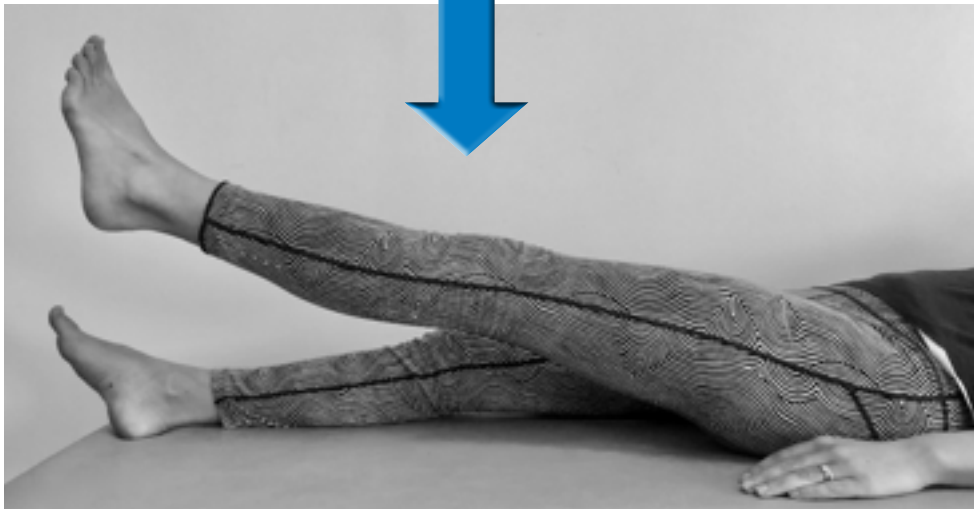
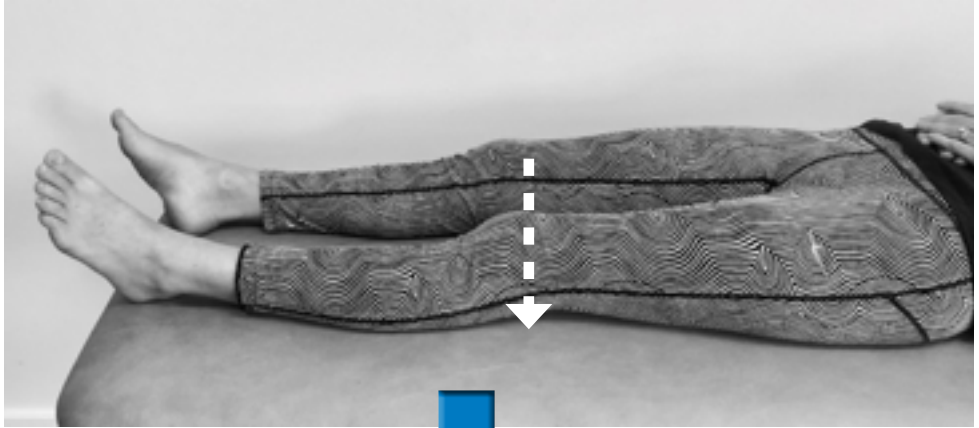
Exercise 3 – Inner Range Quadriceps

Put a rolled up towel underneath your knee so it is slightly bent. Lift the heel up to straighten the leg. Hold for up to five seconds and then lower the heel back to the bed.



Exercise 4 – Straight Leg Raise

As with Exercise 1, tighten your thigh muscle to straighten your knee, and then lift up your leg approximately 3 inches off the bed. Hold for up to five seconds and then lower your leg slowly to the bed.



Exercise 5 – Passive Knee Straightening

Please complete with your brace on your knee

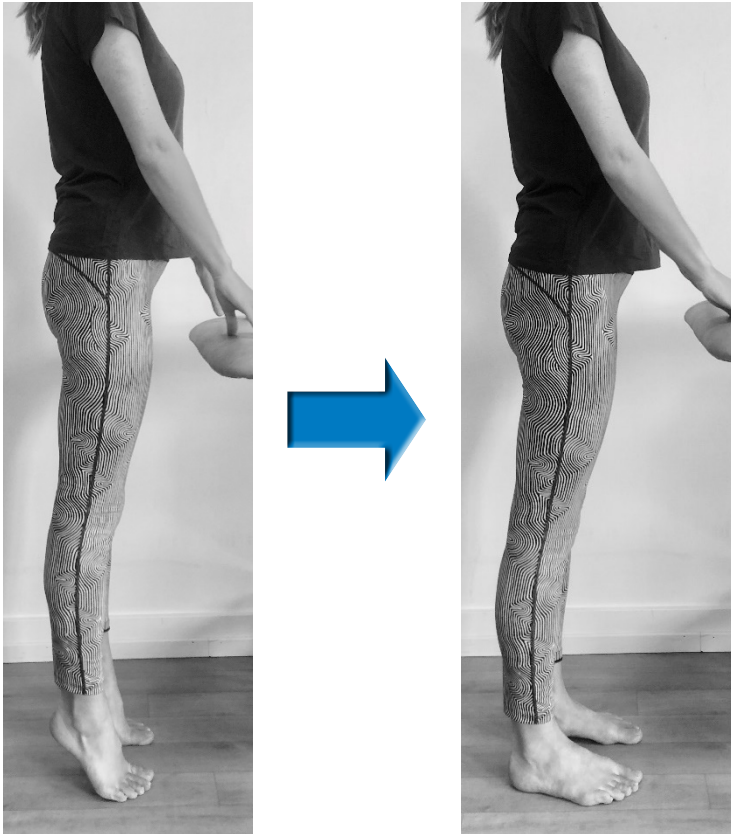
Whilst sitting, practise resting your heel on a stool. Aim to hold your leg in this position for 10 minutes. You may only be able to manage a few minutes to begin with.



Exercise 6 – Heel Raises

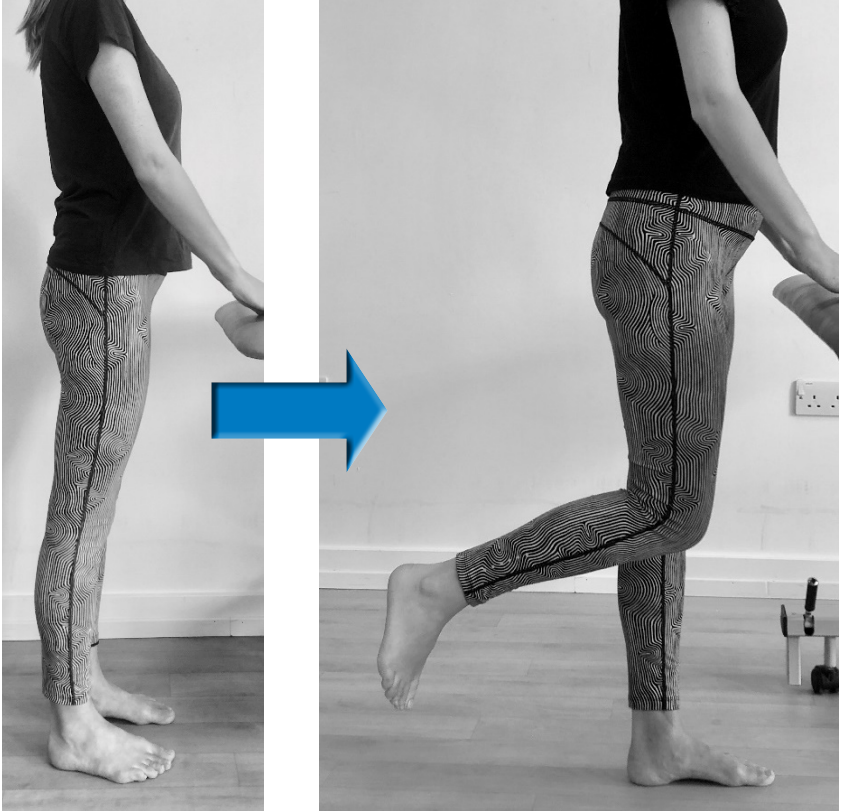
Please complete with your brace on your knee

Stand by holding onto your kitchen worktop, or a similar height solid surface. Go up onto your tiptoes on both feet and hold for five seconds. Lower back down to the floor. This is important for your balance but will also help to straighten your knee.



Exercise 7 – Standing Knee Flexion

Hold onto your kitchen worktop, or a similar height solid surface. Stand on your non operated leg, keeping your back straight. Practise bending your operated knee by bringing your heel towards your bottom. This is important to improve your knee bend, which helps with walking and stairs. Repeat the exercises whilst standing on your operated leg as well.



Exercise 8 – Hip Flexion

Hold onto your kitchen worktop, or similar height. Stand on your non operated leg and practise lifting your operated leg up as if you were marching on the spot. This is important to improve your knee bend, which helps with walking and stairs. Repeat the exercises whilst standing on your operated leg as well.



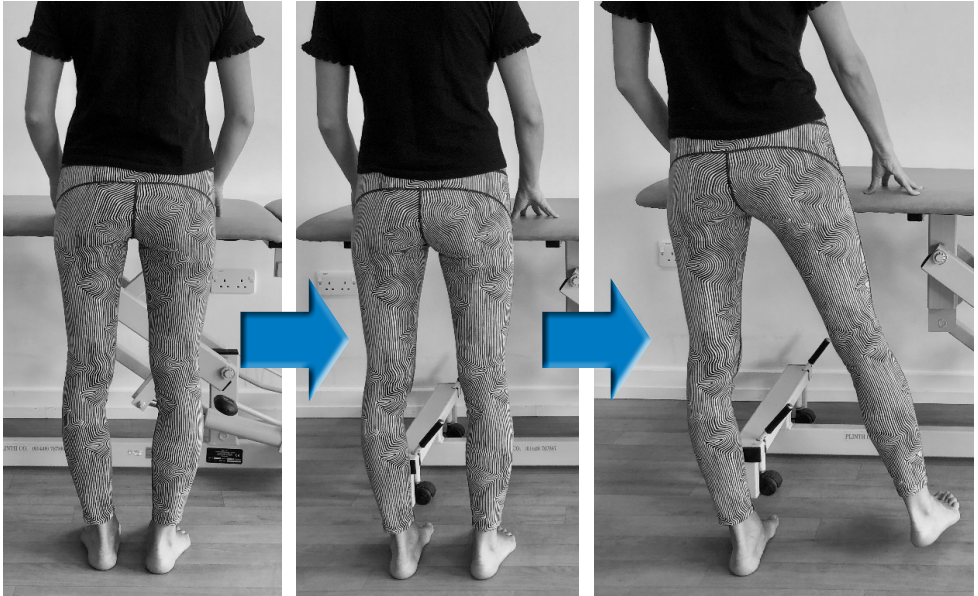
Exercise 9 – Half Squats

Holding onto the kitchen worktop or back of a chair, slowly bend your knees, sinking your weight into your heels. Hold for five seconds and slowly return to a standing position.



Exercise 10 – Side Stepping

Stand holding a stable surface. Step your operated leg out to the side, transfer the weight across and then bring your non operated leg to join it. Repeat the movement for the length of the stable surface. Do this in reverse back the other way. Use the worktop for support but aim to progress to letting go as balance and confidence improves.



Daily Exercise Completion

It is really important once you are home to continue with your exercises.

Those that complete regular exercises will have the best recovery. It will also give you an advantage when you attend your community physiotherapy appointment to get the best out of your time with them.

You could use the table overleaf to keep record of when you are doing them.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							

Steps and Stairs

If you have stairs at home, a therapist on the ward will practise these exercises with you. If you only have one banister on your stairs, and you are using crutches or sticks, you will be given an extra crutch/stick to take home. This extra (third) crutch/stick means you can leave one downstairs, one upstairs, and then the one you're using to complete the stairs. If you do not have a banister, the ward therapist will demonstrate how to complete the stairs.

We will also practise any steps you have to access your property. The method is the same, but you may not have a rail to do this so may need to do it using two crutches/sticks.

If you are using a frame to walk with, we will give you two frames, one for upstairs and one for downstairs. We will also provide you with one crutch to complete the stairs.

The rule is:-

Non-operated leg goes up first,

Operated leg goes down first

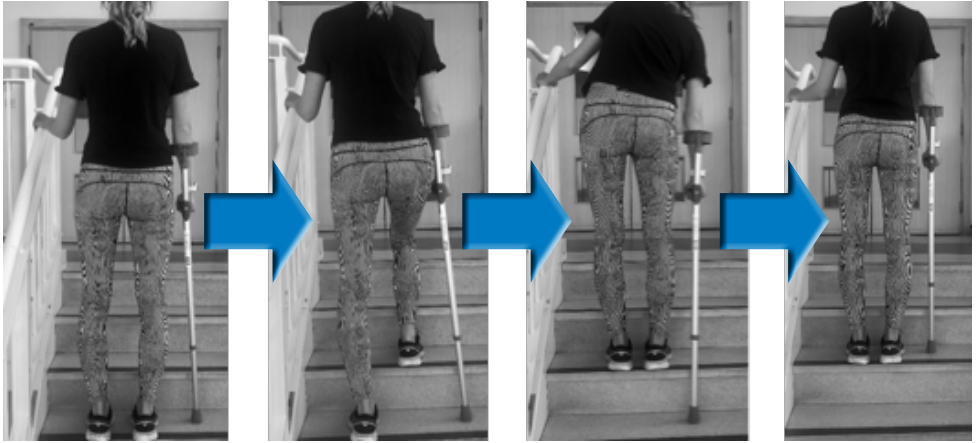
Or

Good foot to Heaven,

Bad foot to Hell

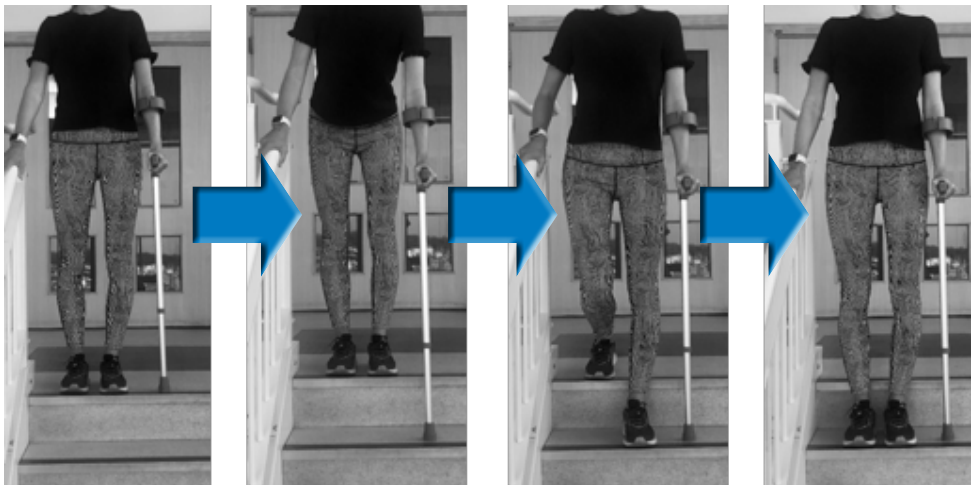
Going Up the Stairs

Hold onto the banister, with your walking aid in the opposite hand. Lead with your non-operated leg, then the operated leg, then the walking aid.



Going Down the Stairs

Hold onto the banister with your walking aid in the opposite hand. Lead with your walking aid, then operated leg, then your good leg.



When are you ready for discharge?

To go home you need to:

- Be well and comfortable
- Have a clean and dry wound
- Be walking safely with an appropriate aid
- Be able to complete steps and stairs safely
- Be able to get in and out of bed by yourself or with help from someone at home
- Be aware of your exercises
- Be able to wash and dress by yourself or have someone to help you with this at home
- Be able to fully straighten your knee and bend your knee to 90 degrees (right angle).

How do I go home?

When you go home, you will travel in the front passenger seat of a car as it is easier to move the chair back as far as it will go.



Sit with your back to the car and have your feet on the road rather than the pavement. You can push your bottom back on the seat as far as you can, then bring your legs around into the car.

Most cars will be of an appropriate height. We do advise that you avoid certain cars initially, i.e. low sports cars, as it will be difficult to get in and out of these.



What will happen once I'm discharged?

It is important when you go home that you continue to walk regularly. The distance walked is dependent on each individual. We do recommend you walk outside but you need to be careful if it is wet or icy. You may want someone with you the first time. Indoors the ground is flat and even, but outside there are more inclines and rough ground, therefore you need to be a little more cautious.

We recommend you continue to do your exercises at home. We also advise you continue to rest with your leg straight on a stool.

You will be sent an appointment in the post to come to clinic to see your consultant around six weeks after your operation. If all is well you may not need to come to clinic again.

Any follow up wound care will be arranged for you by the nurses on the ward before you are discharged.

When do I stop using walking aids?

You only need your walking aid until you are no longer limping. You may want to practise using one crutch/stick first around the property and progress to no aids from there. It is important not to try hobbling around as this encourages limping and bad habits. When you see the community physiotherapist, they can review how you are doing and give suggestions and advice. If you are using one crutch or stick, hold it in the opposite hand to your operated leg.

Return of Equipment

If you have been loaned Occupational Therapy equipment, e.g. a commode, please do not send it back to us at the James Paget University Hospital. Once you no longer require the equipment, please telephone the number below to arrange for it to be picked up.

Nottingham Rehab Supplies (NRS)

03001 000716

Community Physiotherapy

If you require further physiotherapy input on discharge, your ward physiotherapist will refer you to East Coast Community Healthcare (ECCH) for community physiotherapy. The location of your appointment will be where it is most convenient for yourself. Please refer to the table on the following page for possible locations.

If you have been referred by the ward team for further physiotherapy, ECCH will be in contact to arrange your appointment. If you have not heard from them by the end of your first week following your discharge, please contact them directly on 01493 809977.

If you have not been referred and once home you feel that you would benefit from more physiotherapy you are able to self-refer to ECCH. Please visit www.physio.ecch.org or call 01493 809977 to arrange an appointment.

GP Area	Outpatient Clinic
Beccles	Beccles Hospital, St Mary's Road, Beccles NR34 9NQ
Great Yarmouth	Northgate Hospital, Herbert Matthes Block, Northgate Street, Great Yarmouth NR30 1BU
Gorleston	Shrublands Health Centre, Magdalen Way, Gorleston NR31 7BP
Lowestoft	Kirkley Mill Health Centre, Cliff Road, Lowestoft NR33 0DR
Halesworth	Patrick Stead Hospital, Patrick Stead Outpatients Department, Bungay Road Halesworth IP19 8HP
Martham	Martham Medical Centre, Hemsby Road, Martham NR29 4QG
Reydon	Sole Bay Health Centre, Teal Close, Reydon IP18 6GY

Useful Contact Numbers

Hospital Switchboard	01493 452452
Elective Unit, Ward 22	01493 452331
British Red Cross	01493 452080
Orthopaedic Therapy Office	01493 453849
ECCH, Community Physiotherapy	01493 809977

<http://physio.ecch.org>

If you encounter any problems after discharge related to your wound, or medications, please contact Ward 22, Orthopaedic Clinic or your consultants secretary for advice as soon as possible.

This page has been left blank for your use

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective and professional

**#Proud
of the
Paget**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

**For a large print version
of this leaflet, contact
PALS 01493 453240**

Authors: Trudie Lewis and Annabelle Burt
Senior Physiotherapists
Mr H Deo Consultant Orthopaedic Surgeon

© October 2017
Revised September 2020
James Paget University Hospitals NHS
Foundation Trust
Review Date: September 2023
PH 40 version 2