



Brian J. Cole, MD, MBA

Sports Medicine and Surgery
Shoulder, Elbow, and Knee
Cartilage Restoration



MIDWEST
ORTHOPAEDICS
at RUSH

POSTOPERATIVE INSTRUCTIONS KNEE - CARTILAGE TRANSPLANT OF FEMORAL CONDYLE

PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE HOSPITAL OR VIA PHONE/EMAIL TO DR COLE'S STAFF AFTER ARRIVING HOME

EMERGENCY HOTLINE # 312-243-4244

WOUND CARE

- Loosen bandage if swelling or progressive numbness occurs in the extremity.
- It is normal for the joint to bleed and swell following surgery – if blood soaks onto the ACE bandage, simply reinforce with additional gauze dressing for the remainder of day and check again. The ACE bandage can be laundered in normal fashion and reused.
- Remove surgical dressing 48 hours after surgery – large band-aids can be placed over the incisions, covering them completely. It is okay to shower directly over the band-aids as long as the incisions stay dry until your first post-operative appointment in clinic.

LEAVE THE STERI-STRIP TAPE IN PLACE OVER INCISIONS UNTIL FIRST APPOINTMENT

MEDICATIONS

- Pain medication is injected into the wound and joint during surgery – this will wear off within 8-12 hours. It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- If you are having problems with nausea and vomiting, contact the office to possibly have your pain medication changed or something additional prescribed for nausea (312-243-4244 – ask for Dr. Cole's team to be paged).
- Common side effects of the pain medication include nausea, drowsiness, and constipation. To help minimize risk of side effects, take medication with food - if constipation occurs, consider taking an over-the-counter stool softener such as Dulcolax or Colace.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Unless you have previously been instructed to avoid aspirin products for other medical reasons, **please take one (1) 81 mg baby aspirin twice daily for 28 days** following surgery. This is to help minimize the risk of blood clot (extremely rare). As long as you have no personal history of adverse response to anti-inflammatories, use an over-the counter anti-inflammatory such as Ibuprofen (i.e. Advil/Motrin) 600-800 mg as frequently as every 8 hours with food to help swelling and pain in addition to the prescribed pain medication.

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ICE THERAPY

- Begin immediately after surgery - use the ice machine (when prescribed) as directed for the first 2-3 days following surgery. Ice at your discretion thereafter. When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep the extremity elevated while icing when able.
- For technical questions regarding the ice machine, please contact the vendor directly using the telephone number on the device.

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle.
- **Maintain no more than heel-touch weight bearing of the surgical extremity, unless instructed otherwise.**
- Do not engage in activities which increase knee pain/swelling over the first 7-10 days following surgery.
- NO driving until off narcotic pain medication.
- Okay to return to work when ready and able. Please notify office if written clearance is needed.
- If you are planning air travel within 10 days of your surgery, please consult with Dr. Cole's office to discuss whether anticoagulation (medication to prevent blood clot) is necessary.

EXERCISE

- Begin exercises 3x daily beginning the day after surgery (heel slides, quad sets, ankle pumps, straight leg raises, and bending the knee) unless otherwise instructed. See attached pictures of exercises for reference. Three sets of 10-15 repetitions each is advised. If the exercises cause pain, stop and try again later in the day.
- Knee stiffness and discomfort is normal for a few days following surgery – it is safe, and, in fact, preferable to bend your knee up to 90° while lying or sitting (unless instructed otherwise).
- Do ankle pumps (15-20) at regular intervals throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first post-operative visit if necessary.

BRACE

- Keep brace locked in full extension at all times when upright or ambulating.
- Keep brace locked during periods of rest and always at nighttime until the first post-operative appointment.
- Brace straps may be loosened during use of ice machine if desired.
- Brace should be removed for exercises beginning first postoperative day and for periods of rest.
- If combined cartilage procedure was performed and you have been prescribed a CPM machine, the brace should be removed during CPM use as well.

EMERGENCY HOTLINE # 312-243-4244

CPM (CONTINUOUS PASSIVE MOTION) MACHINE

- If prescribed, begin using your CPM machine out of the brace the first post-operative day after speaking with a member of Dr. Cole's team.
- Begin 0-30 degrees max and advance amount of movement as instructed by Dr Cole's team.
- CPM can be used in any number and length of sets desired.
- Increase duration of CPM usage to attain 6 hours per day consistently for 6 full weeks.
- For technical questions regarding the CPM machine, please contact the vendor directly using the telephone number on the device.

DIET

- Begin with clear liquids and light foods (jello, soup, etc.).
- Progress to your normal diet if you are not nauseated.

****EMERGENCIES****

- Contact Dr. Cole's practice hotline at 312-243-4244 if any of the following are present:
 - Painful swelling or numbness that progressively worsens
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions that worsens
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting

DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES

IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST EMERGENCY ROOM

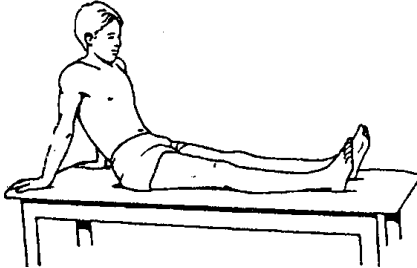
FOLLOW-UP CARE/QUESTIONS

- Someone from Dr. Cole's team will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call 312-432-2379 or email colepa@rushortho.com.
- Email any non-emergent questions to colepa@rushortho.com for the fastest reply. If e-mail is not an option please call the practice at 312-432-2379.
- If you do not already have a postoperative appointment scheduled, please contact the scheduler during normal office hours at 708-236-2701 or email coleadmin@rushortho.com to arrange an appointment 7-15 days from surgery.

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KNEE POST OPERATIVE EXERCISES

QUAD SETS

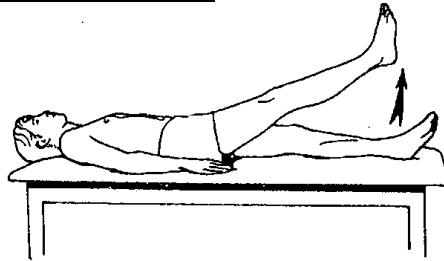


Tighten muscles on top of thigh by pushing knee down to floor or table.

Hold 1-2 seconds. Repeat 10-15 times

Do 3 sessions per day.

STRAIGHT LEG RAISE

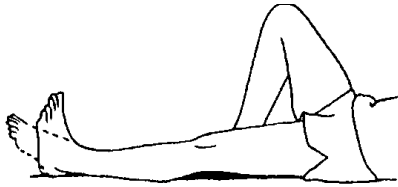


Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked.

Hold 1-2 seconds. Repeat 10-15 times

Do 3 sessions per day.

CALF PUMPS



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.

Hold 1-2 seconds. Repeat 10-15 times

Do 3 sessions per day

LEG HANGS WITH GRAVITY



Allow leg to hang w/ gravity and bend as tolerated for 60-90 secs

Do 3x per day