

POSTOPERATIVE INSTRUCTIONS

KNEE – OSTEOCHONDRAL ALLOGRAFT FEMORAL CONDYLE AND HIGH TIBIAL OSTEOTOMY

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

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 the day and re-check. The ACE bandage can be laundered in normal fashion and reused.
- Remove ACE bandage and gauze 48 hours after surgery. Leave BandGrip (clear Band-Aids) on until day 12. It is optional to replace the gauze and re-wrap the ACE bandage.
- 48 hours after surgery it is ok to shower. Please keep BandGrip dry when showering. This can be done using plastic wrap and skin safe tape or large Tegaderm. If Tegaderm is used, be sure the sticky part is on the skin, not the BandGrip, as it will pull the BandGrip off when removing. Carefully remove Tegaderm after showering, if using, keeping the BandGrip in place.
- If BandGrip does get wet, dry it off after showering.
- Do not use Band-Aids to cover the BandGrip for showering.
- BANDGRIP SHOULD REMAIN IN PLACE UNTIL 12 DAYS OUT FROM SURGERY. To remove the BandGrip on day 12, please see Dr. Cole's BandGrip removal animation at briancolemd.com under Patients/Medical Professionals tab.
- After removing the BandGrip on day 12, cover your incision with ½ inch steri-strips, placed perpendicular to incision for an additional 3-5 days. Steri-strips can be purchased at the drug store. Butterfly strips can be used in place of steri-strips.
- If your first post-op telemedicine appointment is after 12 days out, you should still remove the BandGrip on your own at day 12.
- On day 14, you may submerge incisions in water and shower with incisions uncovered.
- BandGrip is used in place of sutures and no suture removal is required (unless you were told otherwise).

MEDICATIONS

- You can begin the prescription pain medication provided to you upon arriving home and continue every 4-6 hours as needed for pain.
- Zofran (Ondansetron) can be taken as needed for nausea. If you are having problems with nausea and vomiting, contact the office (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 the 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.

You have been prescribed the following medications for use post-operatively, unless discussed otherwise:

1. **Pain Medication:** Unless discussed otherwise, you have been prescribed a pain medication (Hydrocodone-Acetaminophen, Tylenol 3, Tramadol, etc.) for use postoperatively. Take as prescribed as needed for pain.
2. **Zofran (Ondansetron):** Take as prescribed if needed for nausea
3. **Anti-Inflammatory:** Unless discussed otherwise, or contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Celecoxib, Ibuprofen, etc.) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed with food to help reduce swelling and pain.
4. **Aspirin 81mg:** Please take one (1) 81 mg baby aspirin twice daily for 30 days following surgery. This is to help minimize the risk of blood clot (extremely rare). If you are under age 16 or unable to take aspirin for other medical reasons, you do not need to take aspirin after surgery.

ICE THERAPY

- Beginning 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 the skin. In either case, check the skin frequently for excessive redness, blistering, or other signs of frostbite. When using the ice machine, it is okay to ice continuously as long as you check the skin frequently
- Keep the extremity elevated while icing when able.
- For technical questions regarding the ice machine, please contact our DME store directly.

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 weightbearing of the surgical extremity, unless directed otherwise.**
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) 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 the office if written clearance is needed.
- Air travel is permitted 5 days after surgery. Air travel and immobility increase risk of blood clots. Unless you have been previously instructed to avoid aspirin products for medical reasons or you are under age 16, ensure that you are taking 81 mg baby aspirin twice daily beginning the day after surgery to minimize the risk of blood clot.

BRACE

- Keep brace locked in full extension at all times when upright or ambulating.
- Keep brace locked and on always at nighttime and when sleeping until the first postoperative appointment
- Brace should be removed for exercises beginning on the first postoperative day and can be removed during periods of rest (i.e., watching TV).

EMERGENCY HOTLINE #312-243-4244

- Brace straps may be loosened during use of ice machine if desired.
- The brace should be removed during CPM use as well.

EXERCISE

- Knee stiffness and discomfort is normal following surgery. It is safe and preferable to bend your knee up to 90° while lying or sitting (unless instructed otherwise).
- Begin exercises 3x daily beginning the day after surgery (quad sets, straight leg raises, calf pumps, and leg hangs) unless otherwise instructed. See attached pictures of exercises on the last page for reference. If the exercises cause pain, stop and try again later in the day.
- Do calf pumps (15-20) at regular intervals throughout the day to reduce the possibility of a blood clot in your calf.
- If you have been prescribed a Continuous Passive Motion (CPM) machine, use 6 hours per day for 6 weeks. Begin using CPM machine 24-48 hours after surgery, or as soon as you tolerate it. Start at 0-30 degrees and advance 5-10 degrees daily. Remove the brace for CPM use. Below are goals for CPM:
 - 0-2 weeks: 0-30°
 - 2-4 weeks: 0-60°
 - 4-6 weeks: 0-90°
- Formal physical therapy (PT) will begin after your first postoperative telemedicine visit or no sooner than 7 days after surgery. Visit RushOrtho.com to see our recommended Midwest Orthopaedics at Rush PT locations. Reach out to your chosen PT location as soon as possible to schedule PT to start after your first post-op visit.

DIET

- Begin with clear liquids and light foods (jello, soup, etc.).
- Progress to your normal diet as tolerated.

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-emergency questions to colepa@rushortho.com for the fastest reply. If e-mail is not an option, please call the practice at 312-432-2379.
- Unless otherwise specified, initial postoperative visit will be a telemedicine PA visit 7-14 days from surgery. If you do not already have a postoperative appointment scheduled, please contact the schedulers during normal office hours at 708-236-2701 or email coleadmin@rushortho.com to arrange a telemedicine visit 7-14 days from surgery.

EMERGENCY HOTLINE #312-243-4244

****EMERGENCIES****

- Contact Dr. Cole's practice hotline at 312-243-4244 if any of the following are present:
 - Unrelenting pain, despite taking medications as prescribed
 - Fever (over 101°). It is normal to have a low-grade fever following surgery
 - Continuous drainage or bleeding from incisions (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting uncontrolled by Zofran

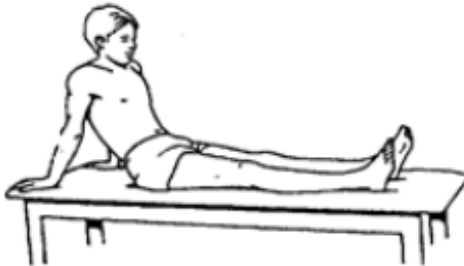
DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES

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

EMERGENCY HOTLINE #312-243-4244

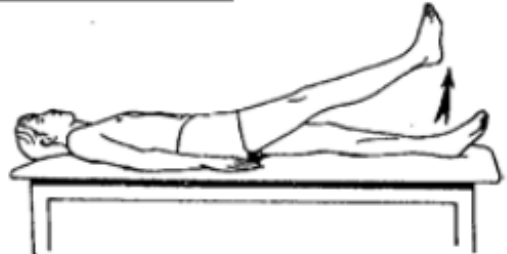
KNEE POST OPERATIVE EXERCISES

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 HANGSWITH GRAVITY



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

Do 3x per day

EMERGENCY HOTLINE #312-243-4244