

Ronak M. Patel, MD

High Tibial Osteotomy/Distal Femoral Osteotomy Post-Operative Instructions

Please bring all post-operative DME to the surgical facility the day of surgery (this includes all crutches, braces, slings, polar care machines, etc.)

Diet

- You may resume your regular diet. However, start slow with clear liquids and gradually work your way back to your normal diet. This will help prevent nausea and vomiting.

Wound Care

- After 72 hours, you may remove the outer dressing including any ACE wraps/gauze. Continue to keep the extremity dry.
- Five days after surgery you may then remove the inner dressing including any bandages. After that, you may shower. After showering, cover the incisions with light gauze and tape. Avoid occlusive or water-tight dressings. Put the compression stocking back on.
- Do not submerge your surgical leg or soak in a hot tub, swimming pool, or bath until your incisions have completely healed in approximately 4 weeks.
- Do not put any lotions or antibiotic ointments over the incisions until they are completely closed.
- You may have a drain placed during surgery that you will go home with. The drain will be removed by Dr. Patel's staff or home health. This is scheduled on: _____
- Sutures/staples will be removed at your first post-op visit.

DVT Prevention

- You must wear your white TED hose compressive stocking for 4 weeks after surgery or until cleared by Dr. Patel. This stocking reduces swelling which improves healing and helps prevent blood clots.
- Please perform ankle pumps as this will help prevent blood clots.
- **Sometimes we have to prescribe a blood thinner to help prevent blood clots. Given your medical history, surgery and activity level:**
 - **You are recommended to take one 325mg Aspirin once / twice daily by mouth. Do not take Aspirin at the same time as NSAID medications.**
STOP THE ASPIRIN: If you have any stomach irritation, bleeding in your stool or you start vomiting blood. Contact Dr. Patel's office.
 - **You are recommended to take Xarelto 10mg daily by mouth. Do not take NSAIDs at the same time as Xarelto.**
 - **Other:** _____

You do not need to take any additional medications

Start medication 12 hours after surgery.

Duration of anticoagulant medication: 2 4 6 (circle one) weeks

- If you are traveling after surgery, please let us know – we advise you to wait at least 1 week between travel and surgery. General tips for preventing blood clots when traveling after surgery:
 1. Get up on the plane to crutch/walk every hour or if driving stop every 1-2 hours to get up and walk
 2. Stay hydrated. Avoid alcohol and caffeine.
 3. Wear your leg stockings
 4. Take 325mg of Aspirin (unless allergic or have stomach or kidney problems) the day before travel, the day of travel and the day after travel
 5. Do your exercises during travel especially ankle pumps
 6. If you experience swelling in your calf or pain please call our office immediately or go to your local ED for evaluation

Post-operative Activity and Weight Bearing

- Given the extent of your surgery, you will be non-weight bearing until seen in clinic by Dr. Patel and then you will be given further instruction.
- Your first goal after knee surgery is to get your straightness back (obtain full extension of 0 degrees). You will actually feel more comfortable with the knee slightly bent but it is important to start working on extending your knee immediately. This entails placing a firm but padded cushion/pillow/pad beneath your heel to straighten out the knee. Do this at least three times a day.
- You may received a hinged brace prior to surgery. This is to be on at all times, locked in extension except for when performing therapeutic exercises. The brace is to be worn during sleep as well.
- Do the exercises you were taught by the physical therapist three to four times a day for 10 minutes each session. Begin them the day after surgery. These include straight leg raises, ankle pumps, quad sets and active flexion (bending knee)** as tolerated (see handout).
- ** Your knee range of motion (ROM) may be restricted to depending on other procedures done during surgery. Please refer to the specific physical therapy protocol provided for these additional restrictions. You will continue to progress your motion as instructed by your physical therapist.
- Formal outpatient physical therapy will begin 2-3 days after surgery. It is important to schedule your post-surgical therapy appointment prior to surgery.

Leg Elevation

- Place pillows under the ankle/calf only. Do not bunch them directly under the knee. This will help reduce your swelling and allows for full extension of the leg, which is very important.

Cold Therapy

- Ice should be used to help reduce pain and swelling. Ice as often as possible the first 3 days after surgery, alternating 20 minutes on with 20 minutes off during the day. After that, you should apply ice at least 3 to 5 times a day for 20 minutes each session until pain and swelling have resolved.
- When icing after your surgical dressing has been removed, do not put ice directly over healing skin. Use of a thin cloth barrier between the skin and ice is recommended.

- If you have an ice therapy device, it can be used **continuously at night**.
- Usage of an ice therapy device is at your own risk. Please make sure to read all instructions prior to purchasing one or using one. If you would like to purchase one you may do so online at Amazon.com and search “Cryotherapy”.

Pain Medication

- Take your pain medication as prescribed. This usually means 1 tablet every for 4 hours for mild pain or 2 tablets every 4-6 hours for severe pain. Do not take any additional Tylenol.
- You can also use over-the-counter non-steroidal anti-inflammatory drugs (NSAIDS) once you are eating well. They will help reduce pain, swelling, and stiffness.
 - Recommended: Aleve, 1 to 2 tablets every 12 hours; or Ibuprofen, 400 to 800 mg every 6 to 8 hours. Eat something prior to taking the medication. If you develop stomach burning or severe GI upset, discontinue the medication.
 - *Do not take NSAIDS if you have a history of kidney, liver, or stomach ulcer disease, or bleeding disorders, or if you are taking Celebrex, Bextra, or blood thinners like Coumadin.
- The pain medication may also cause constipation if you take it regularly, so take the prescribed stool softener as needed. Over the counter treatments include: stool softener, fiber bar, Metamucil or prune juice to prevent constipation.
- No driving while taking any narcotic pain medication.
- The pain medication may cause some nausea so take it with some food.

Your prescriptions will be sent electronically to your pharmacy today. Please pick up prescriptions prior to the day of surgery.

Nerve Blocks for Anesthesia

If you had a nerve block this can last approximately 12-24 hours, sometimes longer. You may notice tingling on occasion after the block wears off. This usually resolves in several days, but if it persists please call the office.

As you begin to regain your sensation, take your pain medication before the block wears completely off. This will help you prevent getting behind on pain control.

Notify the Office if you Experience the Following

- Flu-like symptoms, nausea/vomiting, temperature of 101.5 degrees or higher, severe chills; foul odor, redness, or increased tenderness or drainage from the incision. These are signs of a possible infection. You may need to report to an Emergency Room.
- Hot tender area or unusually large amounts of swelling in either calf or other area of the leg; chest pain, shortness of breath or coughing up blood. These are signs of a possible blood clot and you may need to report to an Emergency Room or call an ambulance.
- Progressively worsening pain unresponsive to pain medication, blue toes, and persistent numbness and tingling in your toes may indicate Compartment Syndrome. Loosen any dressing, elevate the extremity and call the office if during normal business hours or go to the nearest emergency room.

- **For urgent problems** that occur during office hours (office hours, Monday - Friday, 8:00 am to 5:00 pm), call Dr. Patel's office directly (630) 920-2350 or report to an emergency room. After hours, call (630) 920-2350 or report to an emergency room.

Follow-up

- If you do not have a postoperative appointment set-up already, please call the office to schedule an appointment for 10-17 days after surgery at (630) 920-2350.
- You should have a scheduled post-surgical physical therapy appointment that you made prior to surgery. If not, call (630) 655-8785 to schedule therapy within 7 days of surgery if insurance allows. Please bring the physical therapy order form included in this packet to your initial appointment.

The previous instructions will help you know what to expect in the days following your surgery. However, do not hesitate to call if you have any questions or concerns.