

Post-Op Instructions for Patellofemoral Osteochondral Allograft Transplantation And Anteromedialization (AMZ)/Tibial Tubercle Osteotomy

DIET

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

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs.
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional dressing.
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply waterproof Band-Aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry for the first 7 days following surgery – you may shower by placing a large plastic bag over your brace beginning the day after surgery. NO immersion of the operative leg (i.e.: bath or pool).
- Please keep steri-strips in place.
- Please do not place any ointments lotions or creams on the incisions.
- Once the sutures are removed at least 7-10 days post operatively you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). NO immersion in a bath until given approval by our office.

MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as directed on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We recommend a stool softener such as Colace (docusate) available over the counter and be sure to drink plenty of water.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication.

- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen (600 – 800mg) or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For 6 weeks following surgery take one aspirin 81mg tablet daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

ACTIVITY

- Use crutches to assist with walking. You must use crutches to maintain TOETOUCH/HEEL-TOUCH weight-bearing for 6-8 weeks.
- 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 the foot/ankle.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 3-4 days after surgery if pain is tolerable.

BRACE

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise instructed after the first post-operative visit.
- Avoid getting the brace wet (remove for shower).

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides, and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery. It is safe to bend your knee in a non-weight-bearing position when performing exercises unless otherwise instructed. Avoid flexing past 90 degrees.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) typically begins a few days after surgery. A prescription and protocol will be provided at the time of surgery unless deferred by Dr. Barnes.

EMERGENCIES - Contact Dr. Barnes' office at (239) 334-7000 if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain
- Fever (over 101° F – it is normal to have a low grade fever (<100°) for the first day or two following surgery) or chills.
- Redness around incisions
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

If you have an emergency that requires immediate attention proceed to the nearest emergency room.