

POST-OPERATIVE INSTRUCTIONS

Knee: Tibial Tubercle Osteotomy w/ Anteromedialization

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PAIN MEDICATION: Please take your prescription pain medication for the first 24-48 hours as directed. After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication. Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable. Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

MILD PAIN: If you are having minimal pain and would like to switch to a milder medication, please take Tylenol/acetaminophen (extra strength or regular). Do not take Tylenol and norco together (this would be too much acetaminophen). Do not exceed more than 4000mg of Tylenol/acetaminophen in a 24 hour period.

For about 3 months after surgery, please try to avoid anti-inflammatories (NSAIDS) such as Advil, Aleve, Motrin, or Ibuprofen. Some studies show that these medications could slow healing.

ICE: It is helpful to use ice or a cold therapy unit to decrease pain and swelling. If you have been given an ice therapy unit, you are encouraged to keep the ice unit on as much as possible for the first 48 hours. After 48 hours, please continue to ice at least 5 times daily for 20 min each time. You may also elevate your leg on a few pillows while laying down to decrease pain and swelling. To elevate, place a few pillows under your foot and at least 1 pillow under the operative knee for support.

DRESSINGS: Underneath your knee brace, you will have a soft dressing and ace wrap applied over your incisions. It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection. Mild leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery. The dressings may become slightly moist or blood-stained; this is normal and usually not a cause for alarm.

KNEE BRACE: The hinged knee brace should remain on, locked in extension, anytime you are up with your crutches. If you are sitting or laying down resting for an extended period of time, the brace may be removed. Please try to sleep with the brace on, at least for a month. This will help to better stabilize the knee and prevent any twisting type motions.

The brace will typically remain locked for up to 4 total, then will be unlocked (allowing bending) for an additional 2 weeks. Your Physical Therapist will help determine when the brace may be unlocked. This is dependent on quadriceps strength and other factors.

WEIGHT BEARING: You should be touch-down weightbearing on your operative leg immediately after surgery for 6 weeks. You will be given crutches and taught how to use them. The hinged knee brace should remain on anytime you are up with your crutches. If everything is progressing well, your physical therapist will transition you to full weight-bearing by the 6 week point. You will generally need crutches a little longer than 6 weeks (until you regain a normal gait pattern).

BATHING/DRESSING CHANGE: You may remove your surgical dressing 2 days after your surgery to take a shower. You will have steri-strips over absorbable sutures (which are not visible, they are under the skin). Please leave the steri-strips in place until they fall off on their own or until they are removed at your first post-op appointment. You may let soap and water gently wash over your incisions, but do not scrub them. Pat them dry with a towel, then you may leave the steri-strips uncovered if you'd like. Or, you may cover each of the steri-strips with band-aids if there is still any drainage. If you'd like, please re-apply the large ace wrap to protect the incisions. The ace wrap is also helpful underneath the knee brace (stops the brace from rubbing on skin).

You may not soak in a bathtub or go in a pool until your incisions are healed (usually 3-4 weeks).

OFFICE VISIT: Your first post-op visit will be scheduled 10-14 days after surgery. You will see Dr. Mehta's Physician Assistant on the first visit. At this visit, we'll check your incisions, get x-rays and answer any questions you may have.

WHEN TO CALL: Please call our office at (630)584-1400 if you develop a fever greater than 101°F, increasing pain that is not responding to pain medication, redness, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood.

DRIVING: Please do not attempt driving until you are off the pain medications. You should wait to drive until you can comfortably and safely operate the vehicle (get from gas to brake).

PLEASE DO NOT DRIVE WITH KNEE BRACE ON. If the brace were to lock up or get stuck, this could be dangerous. If you had a right knee surgery, it may be about 1 month before you can safely drive. If you had a left knee surgery, you may drive once you're off pain medication and can comfortably and safely operate the vehicle.

PREVENTION OF BLOOD CLOTS: Although the risk is very low, there is a small chance of developing blood clots into the leg after a surgery. A blood clot in the leg is called a DVT or deep vein thrombosis. Some patients will be asked to take a 325mg aspirin daily for 1 month after surgery to prevent blood clots. Some patients at higher risk of blood clots will require another form of anticoagulation such as xarelto or coumadin pills or lovenox injections. Those at

higher risk include patients who have had prior DVT, are on birth control pills, patients that smoke, obesity, or patients with blood clotting disorders. Signs of a blood clot could include calf pain and leg swelling. If you develop calf pain and/or painful swelling to either leg, please call our office immediately or go to the emergency room.

RETURN TO WORK: This will vary, based on the nature of your job. If you have a desk job, you may return to work as soon as you are off the pain medication, comfortable driving, and feel that you may perform your job. Most patients with desk jobs take at least 1 week off work to rest and focus on therapy. If you have a labor-intense job that may require more walking, squatting or heavy lifting, you will need a minimum of a few months off work. We can discuss this in more detail during your 1st post-operative visit and we can give you work status notes (including light duty if this is an option for your job).

PHYSICAL THERAPY: You will start physical therapy 2 weeks after surgery. Most patients will go 2-3 times/week for about 12 weeks. Your therapist should visit Dr. Mehta's website for PT protocol www.healthy-txt.com/drmehta