

## POSTOPERATIVE INSTRUCTIONS KNEE – HIGH TIBIAL OSTEOTOMY

**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 GRIFFIN'S STAFF AFTER ARRIVING HOME**

### DIET

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

### WOUND CARE & BATHING

- **BANDAGE**
  - You will have a large, bulky bandage that you may remove **2 days** after your surgery. Simply peel off all of the tape and underlying gauze.
  - After the dressing is removed, you will see that the incision is reinforced with white adhesive bandages called Steri-Strips – leave these on until your sutures are removed
  - Cover the incision with a new bandage once daily – a large adhesive bandage or gauze and tape will be sufficient.
  - Keep the incision clean and dry – do not put any alcohol, lotion, or ointment on the incision.
- **BATHING**
  - You can shower once the initial dressing is removed (2 days post-op). However, the incision needs to stay dry and covered in the shower until the sutures are removed at 7-14 days post-op. Waterproof bandages work very well for this
  - Do not submerge the incisions in a bath, pool, or hot tub until the sutures are removed **and** the wound is healed.

### MEDICATIONS

- **Pain medication** is injected into the wound and knee 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 as frequent as 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. Common side effects of the pain medication include nausea, drowsiness, and constipation-to decrease these, 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) adult 325 mg enteric coated aspirin once 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 frequent as every 8 hours with food to help swelling and pain in addition to the prescribed pain medication.
- The anti-inflammatory may be taken in addition to the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication.

## **ICE THERAPY**

- Begin immediately after surgery - for the first 2-3 days following surgery. Ice at your discretion thereafter. When using ice, avoid direct skin contact for more than 20 minutes to prevent damage/frostbite of skin. Check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep leg elevated while icing when able.

## **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.
- Full weight-bearing of the operative leg is encouraged and safe, unless instructed 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 office if written clearance is needed.
- If you are planning air travel within 10 days of your surgery, please consult with Dr. Griffin'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 surgery.

## **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.

**\*\*EMERGENCIES\*\***

- Contact Dr. Griffin's practice hotline at 757-490-4802 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

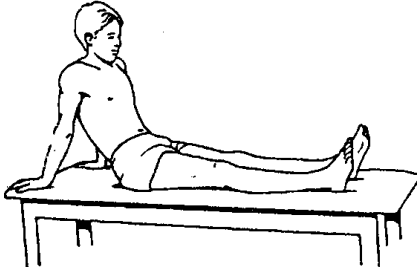
**DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES**  
**IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST**  
**EMERGENCY ROOM**

**FOLLOW-UP CARE/QUESTIONS**

- Someone from Dr. Griffin'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 757-490-4802.
- Email any non-emergent questions to [jgriffin@jordan-younginstitute.com](mailto:jgriffin@jordan-younginstitute.com) for the fastest reply. If e-mail is not an option please call the practice at 757-502-8584.
- If you do not already have a postoperative appointment scheduled, please contact the scheduler during normal office hours at 757-502-8563 to arrange an appointment approximately 14 days from surgery.

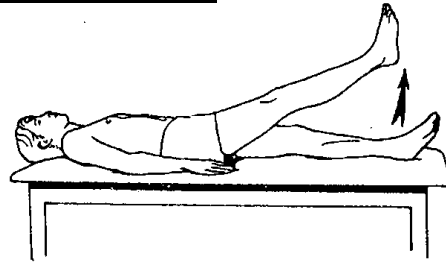
## **KNEE POST OPERATIVE EXERCISES**

### **QUAD SETS**



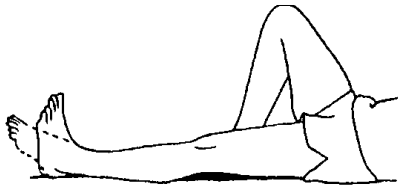
Tighten muscles on top of thigh by pushing knee down to floor or table.  
Hold 1-2 seconds. Repeat 10-15 times  
Do 3 sessions per day.

### **STRAIGHT LEG RAISE**



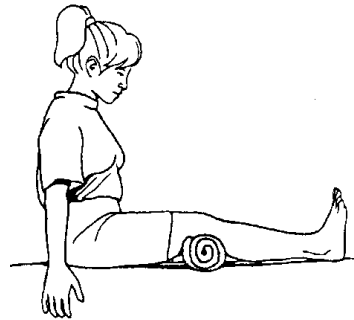
Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked.  
Hold 1-2 seconds. Repeat 10-15 times  
Do 3 sessions per day.

### **CALF PUMPS**



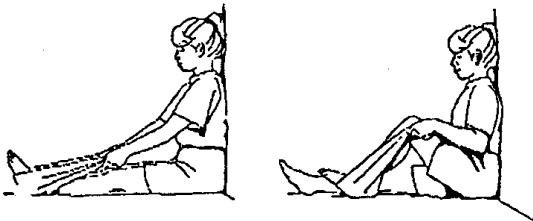
Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.  
Hold 1-2 seconds. Repeat 10-15 times  
Do 3 sessions per day

### **QUAD SET IN SLIGHT FLEXION**



Gently tense muscle on top of thigh.  
Hold 1-2 Seconds. Repeat 10-15 Repetitions  
Do 3 Sessions/day

### **ASSISTED KNEE FLEXION**



With towel around heel, gently pull knee upwards with towel until stretch is felt  
Hold 1-2 seconds. Repeat 10-15 times  
Do 3 sessions per day.