

POSTOPERATIVE INSTRUCTIONS

HIGH TIBIAL OSTEOTOMY

DIET

- Begin with clear liquids and light foods (jellos, 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 a clean dressing over incisions and change daily – you may then shave as long as the wounds remain sealed with the band-aid
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your brace starting the day after surgery – NO immersion of operative leg (i.e. bath)

MEDICATIONS

- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed (312-243-4244 – ask for Dr. Cole's PA)
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 200-400mg (i.e. Advil) may be taken in between 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 usage

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
- Use crutches to assist with walking – you are not to bear any more than 20-30% of your weight on the operative leg – unless instructed otherwise by physician
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over 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 (If prescribed)

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise informed by the physician after the first post-operative visit
- Remove brace for flexion (bending) exercises done in a non-weight bearing position (i.e. lying or sitting) – if doing straight leg raises, keep brace on and locked in full extension (straight)
- If a continuous passive motion machine was prescribed, remove brace during use

ICE THERAPY

- Begin immediately after surgery

- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing

EXERCISE

- A continuous passive motion machine may have been arranged pre-operatively to be delivered for use beginning on the first post-operative day
 - If you have technical problems with the continuous passive motion machine, contact Mark Sorenson (312-724-4700)
- Use the continuous passive motion machine out of the brace (if prescribed) for 2 hours/twice a day – begin at a rate of 1 cycle/minute, ranging from 0° of extension (straightening) to 40° of flexion (bending) - increase flexion by 5-10° (stay within a comfortable level) daily to a maximum of 90°
- Begin exercises 24 hours after surgery (heel slides, quad sets, and ankle pumps – straight leg raises with brace on) unless otherwise instructed
- Discomfort and knee stiffness is normal for a few weeks following surgery
- Complete exercises 3-4 times daily until your first post-operative visit
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon)
- Formal physical therapy (PT) will begin after your first post-operative visit

EMERGENCIES**

- Contact Dr. Cole or his PA at 312-243-4244 if any of the following are present:
 - Painful swelling or numbness
 - 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
 - Color change in wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting

**If you have an emergency after office hours or on the weekend, contact the same office number (312-243-4244) and you will be connected to our page service – they will contact Dr. Cole or one of his fellows if he is unavailable. Do NOT call the hospital or surgicenter.

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

FOLLOW-UP CARE/QUESTIONS

- Kyle Pilz, PA-C or Natalie Podboy, PA-C (Dr. Cole's Physician Assistants) 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 Kyle or Natalie directly (312-432-2363).
- If you have additional questions that arise at any time, whether for Dr. Cole, Kyle or Natalie, please send an e-mail to Kyle (Kpilz@rushortho.com) or Natalie (Npodboy@rushortho.com) for the fastest reply. If e-mail is not an option please call Kyle or Natalie directly (312-432-2363).
- If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours (312-243-4244) and ask for appointment scheduling.