



Daniel J. Kaplan, MD

Assistant Professor of Orthopaedic Surgery
Chief, Division of Sports, Bellevue Hospital

Telephone number: 929-455-2500

DISTAL FEMORAL OSTEOTOMY POSTOPERATIVE INSTRUCTIONS

**Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Kaplan or his team supersede the instructions below and should be followed.

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
- 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 5 days after surgery.** NO immersion of the operative leg (ie: bath or pool).
- Wait until your first postoperative appointment to have Dr. Kaplan's team remove the surgical dressing
- Please do not place any ointments lotions or creams directly over the incisions.
- Once the sutures are removed at least 10-14 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 and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- You will be prescribed several medications postoperatively:
 - **Tylenol:** 1000 mg (2 of the 500 mg pills) 3x per day (every 8 hours)
 - **Meloxicam:** 15 mg pill, once per day, with food
 - **Tramadol:** 50 mg as needed for pain. Can be taken at most every 8 hours
 - **Oxycodone:** 5 mg. This is for breakthrough (i.e. you are still having pain, despite the other medications). This can also be taken at most every 8 hours.
 - **Colace (docusate):** 100 mg daily. This is to avoid constipation, which can occur with the pain medication
 - **Aspirin:** 81 mg taken twice per day, for 1 month. This is to prevent blood clots after surgery.
- 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 the medication with food. If constipation occurs, consider taking an over the counter laxative 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
- For 4 weeks following surgery take one aspirin 81mg tablet twice 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

- 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.
- Use crutches to assist with walking – **you are not to bear ANY weight** on the operative leg unless otherwise instructed. Do not walk without brace on.

- 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.
- Remove brace for flexion (bending) and other 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).

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 30-45 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.
- 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.
- Work on passive knee flexion (bending) multiple times per day, every day. **Your goal is 90 degrees of flexion by your first postoperative visit.**
- Discomfort and knee stiffness is normal for a few days following surgery. It is safe to bend your knee in a non-weightbearing 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 within 2 weeks after surgery. **A prescription and protocol will be provided for you today. Please arrange this as soon as possible at your facility of choice.**

EMERGENCIES**

- Contact Dr. Kaplan's team if any of the following are present:
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - 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 foot or ankle
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler
- Your first postoperative appointment will be for a wound check. Additional questions can be asked at that time.
- Typically, the first post-operative appointment following ACL reconstruction is made 10-14 days following surgery for suture removal.
- If you have any further questions please contact Dr. Kaplan through my chart, or call the call center at 929-455-2500.