



Sports Medicine Specialists
of Charleston

EAST COOPER MEDICAL GROUP

Marc Haro, MD

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POSTOPERATIVE INSTRUCTIONS DISTAL FEMORAL OSTEOTOMY/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 or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing 48-72 hours post-operative– Apply clean, sterile dressing over incisions and change daily.
- Please keep steri-strips in place.
- To avoid infection, keep surgical incisions clean and dry – you may not shower until after your 1st post-operative appointment.
- **NO** immersion of the operative leg (i.e. bath, swimming pool) *If Braced it may come off to shower

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
- ***Do not drive a car or operate machinery while taking the narcotic medication***
- Primary Medication = Percocet (Oxycodone/Acetaminophen)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
- Do **NOT** take additional Tylenol (Acetaminophen) while taking Percocet
 - Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
 - Zofran (Ondansetron) has already been called into your pharmacy for nausea if needed.

- If constipation occurs, consider taking an over-the-counter laxative such as Colace or Miralax.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed : (843) 971-9350 – ask for Nicole Fava, Dr. Haro’s PA)
- Ibuprofen 400-600mg (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

- **MUST USE CRUTCHES** to maintain TOE TOUCH/HEEL TOUCH weight bearing x 6-8 weeks.
- Elevate the operative leg 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 to elevate leg.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- 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 informed by the physician.
- Remove brace for flexion (bending) exercises done in a non-weight bearing position (i.e. lying or sitting).
- Remove brace to shower.

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
 - The Cryocuff device may be used.
 - Use Cryocuff as frequently/continuously as tolerated x 14 days

EXERCISE

- Begin exercises 24 hours after surgery (Heel props, quad sets, heel slides, straight leg raises and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery – it is safe and, in fact preferable to bend your knee and complete exercises listed above (unless otherwise instructed by physician).
- Complete exercises 3-4 times daily until your first postoperative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first postoperative visit unless otherwise instructed.
- 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 postoperative visit. You will be given a script for this at that time.
- If you have any questions or concerns please contact Nicole Fava PA-C (843) 971-9350 or by email at **Nicole.fava@tenethealth.com**

****Emergencies****

- Contact Dr. Haro or Nicole Fava PA-C at : (843) 971-9350 or by email **Nicole.fava@tenethealth.com** 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, hand or lower extremity
 - 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, call (843) 971-9350. You will be connected to our on call service. Do NOT call East Cooper Hospital or the Surgery Center.
- **.If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

Follow-Up Care/Questions

- Nicole Fava, PA-C (Dr. Haro's Physician Assistant) 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 email **Nicole.fava@tenethealth.com** or call (843) 971-9350
- If you have additional questions that arise at any time, whether for Dr. Haro or Nicole, please send an email to **Nicole.fava@tenethealth.com** or call (843) 971-9350
- If you do not already have a postoperative appointment scheduled, please contact the scheduling office during normal office hours (843) 971-9350