



Center for Orthopedics and Plastic Surgery

Discharge Instructions – Osteochondral Allograft/Autograft Transplant Osteochondral Repair, MACI, High Tibial Osteotomy, DFO

Dr. Garrett Kerns, D.O.

Anesthesia: General Spinal Sedation Local Block

- You have received anesthesia; rest and relax the day of surgery. Please be aware of possible dizziness and exercise caution when you are up. A responsible adult must be with the patient for 24 hours following surgery for safety and falls prevention.
- Begin with liquids, and advance diet as tolerated; avoid greasy and spicy foods.
- No important decisions or signing of legal documents for 24 hours. Do not operate power machinery.
- Do not drive for 24 hours following surgery or while taking narcotic pain medications.
- No alcoholic beverages for 24 hours, or while taking narcotics.
- If you are unable to urinate, feel uncomfortable, and it has been 8-10 hours since you last urinated, go to an urgent care or the ER.
- If you had a block, be sure to start your oral pain medication before it begins to wear off.

Nerve Block:

- If you have had a nerve block, be sure to start taking your pain medication before the block begins to wear off.
- Typically, a nerve block will last between 8-24 hours from the time of injection. Notify your surgeon if the nerve block lasts more than 48 hours.
- Do not use your operative extremity until the nerve block has worn off. Then, follow your surgeon's activity restrictions.

Activity:

- Keep your leg elevated with a pillow under your calf or ankle, not under the knee.
- Keep your operative extremity at or above the level of your heart for the first 2-3 days. This is the best position to reduce swelling.
- Your weight bearing status will depend on where the lesion is located:
 - Large Medial/Lateral Condyle lesions – non-weight bearing for 6 weeks post op
 - **MACI:** Non weightbearing for 1-2 weeks, may begin toe-touch weightbearing immediately per physician if lesion < 2.0 cm²; begin toe touch weight-bearing (approx. 20-30 lbs.) weeks 2-3; progress to partial weight-bearing (approx. ¼ body weight) at week 4-5 • For patellof
 - Medium Medial/Lateral Condyle Lesions NWB for 4 weeks
 - Small Medial/Lateral Condyle Lesion NWB for 2 weeks
 - Trochlear/patellar lesions – weight bearing as tolerated with brace locked in extension
 - **MACI:** Immediate toe-touch weightbearing of ~25% body weight with brace locked in full extension; progress to 50% WB at week 2 and 75% WB week 3-4 with brace locked in full extension
 - High-Tibial Osteotomy NWB for 4 weeks
- You must use crutches and wear your knee immobilizer when walking.

Brace:

- Wear the immobilizer at all times in full extension (even when sleeping), except for showering, Stationary Bike use, and physical therapy exercises.
- It is likely that the brace will not fit as well after dressing is removed. If so, feel free to adjust the straps accordingly. If you have trouble with this, feel free to ask your physical therapist for assistance or contact our office at 906-225-1321 for help.

Physical Therapy:

- Make an appointment for the next 3-7 days.

Dressing:

- You may remove dressing in 72 hours unless a large Mepilex is placed then keep dressing on for 2 weeks. You may remove the ace bandage and gauze. You will have steri-strips do NOT remove them.
- Wait to shower until initial surgical dressing is removed. Pat the area dry with a clean towel after showering. If Mepilex dressing is placed then keep dressing on and may shower after 3 days from surgery.
- While you may shower normally after surgery, baths will disrupt the dressing and risk infection. Do not submerge your operative leg in a bathtub, hot tub, pool, etc. until your surgeon has cleared your incision's healing.

Ice

- For 6 weeks: First 48hrs continuously, then at least 3 times/day for 20 minutes. Do not exceed 20-minute increments. Leave at least 30 minutes in between icing sessions to avoid frost bite.

Pain/Medications:

- Expect to have pain following surgery. Pain level of 4-5/10 is our goal. The pain medication prescribed for you should provide relief, but often does not take all the pain away. The first few days following surgery can be the most painful. Just remember, it will get better.
- It is important to keep your pain under control. It is difficult to catch up with your pain if it becomes severe.
- **Pain Management Program (PLEASE FOLLOW EXACTLY FOR BEST RESULTS)**
 - **Over-the-counter Acetaminophen (Tylenol): 1000mg every 8 hours for 5 days**
 - **Ibuprofen 800mg every 8 hours for 5 days**
 - **Oxycodone 5mg every 4-6 hours as needed for pain (To be used as a rescue only medication)**
 - **Works best if you alternate between Acetaminophen and Ibuprofen every 4 hours making sure not to exceed 3 doses of Acetaminophen in a 24- hour period.**
 - **After 5 days everything can be taken as needed.**
 - **IF you have an allergy or medication interaction then take what you can.**
- Zofran will be given for nausea.
- Resume your preoperative medications per your physician. Refer to your medication list given to you at discharge.

DVT Prevention:

- Blood clots are at a higher risk of developing in the leg after having orthopedic surgery and when your activity is limited following any surgical procedure.
- We can reduce the risk of this rare complication from surgery having you take Aspirin 81mg once daily for two weeks after surgery.
- This medication is NOT for pain control, but specifically for prevention against developing blood clots after surgery and must be taken as scheduled.
- You are to wear the thigh-high TED compression stockings for 2 weeks after surgery only removing for hygiene or to wash stockings

Office Return:

- Please call the office (906-225-1321) on the first day or two after surgery to schedule a two week post-operative visit if it has not already been arranged. Most likely, it has already been arranged.

Report to Surgeon any of the following:

- Fever over 101 degrees for more than 24 hours
- Foul drainage, redness, or warmth at the operative site
- Large amount of bleeding or drainage
- Severe and uncontrolled pain
- Persistent nausea or vomiting
- Hives, rash or intolerance (Stop medications)

Who to Contact:

Contact information for Dr. Kerns:

- **906-225-1321**

****Call 911 or go to the nearest ER if you experience shortness of breath, redness, warmth, and extreme pain in the calf. These are signs of a blood clot.**

If you have questions or concerns, please contact your physician or our 24-hour answering service at 906-225-1321.

Other Instructions:

Exercises:

- Range-of-motion exercises should begin as soon as possible after surgery. It is very important to work on extending the knee to the fully extended position as well as flexing (bending) the knee as far as can be tolerated. Using your hands at your upper thigh and/or using your thigh muscles, bend and straighten your knee 50-100 times, 4-5 times per day.
- These are to be done non-weight bearing. Range-of-motion is very helpful in aiding the growth of new cartilage cells in the defects of the surface cartilage.
- The following exercises should begin the day after surgery and are designed to increase strength of the knee. They should be done lying down on a firm surface and your brace should be on. Your goal is to achieve 25 repetitions 4 times a day for the first 3-4 weeks after surgery.
- Quad Sets- Straighten the knee by tightening the quad (front thigh muscle), flexing the ankle (point toes to the ceiling), and pushing the back of the knee into the floor. Hold for the count of 5-10.

- Straight Leg Raises-While maintaining the tightened quad position, slowly raise the straightened leg off the floor and hold for 5-10 seconds.
- Vigorous foot, ankle, and toe movement—20 pumps per waking hour

