CHIPPEWA VALLEY
ORTHOPEDICS AND
SPORTS MEDICINE
www.cvosm.com

1200 OAKLEAF WAY STE A
ALTOONA WI 54720
TEL 715.832.1400

757 LAKELAND DR. STE B
CHIPPEWA FALLS WI 54729
TEL 715.723.8514

Post-op Instructions for High Tibial Osteotomy

These instructions are to complement the information given by the nursing staff and physical therapists. They cover many of the common questions.

Wound Care/Showering

Dressings are to be kept clean and dry. You may loosen the ace bandage if it feels tight. Dressing may be left on until your first PT appointment, or you may remove at home on POD #3. You may shower starting POD #3, no soaking incisions. Change dressing daily until you have no drainage from your incision. You may then leave incisions open to air but keep clean. If you have steri-strip sin place, they will fall off on their own within a couple weeks. If they are not fully off at 2 weeks you should remove them.
A small amount of clear drainage or bleeding is normal for a few days after surgery. If you have persistent drainage, increasing redness, or temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain and Swelling

Ice your knee as frequently as possible with cooling device or ice packs wrapped in a towel. This will help with pain and swelling. Do not apply the cooling device or ice pack directly to the skin, as this may cause damage to the skin.
Swelling to some degree is common after surgery. To reduce swelling, elevation is very helpful. Elevate the knee above the heart level ("toes above the nose") for the first 2-5 days after surgery. Elevation for 30 minutes every 2 hours is good initial recommendation. Moving your ankles up and down on a regular basis helps circulate blood from your legs to help reduce swelling. Excessive pain and swelling should be reported to your surgeon.

Postoperative Pain Medication Instructions

Listed below are the typical medications prescribed for postoperative pain management after orthopedic surgery. This does not necessarily mean that you will receive all these medications, but this information can be very helpful.
Pain after surgery is expected. The goal after surgery is not to be pain free, but to make it tolerable. Some pain is beneficial as it lets our bodies know what not to do.
It is important for pain management to also to use RICE (rest, ice, compression and elevation) routinely to assist with pain and swelling.

Acetaminophen:

This medication is more commonly known as Tylenol. This medication, when combined with the other medications listed below, can amplify overall pain management. Recommended taking this on a regular schedule for baseline pain management.

Ibuprofen/Meloxicam:

NSAIDs should be taken with food on a regular basis and should not be taken with prescription blood thinners. Take as prescribed and may be taken with acetaminophen. Recommend alternating the medications if appropriate.

Narcotic Pain Medications

Tramadol/Hydrocodone/Oxycodone:

If the above pain medications do not provide adequate pain control this may be used for additional pain management and added to your scheduled regimen. Narcotic medications are stronger and used for "breakthrough pain". Breakthrough pain is an abnormal increase in pain that is not being well covered by the above medications.

Side effects of narcotics can include constipation, nausea, confusion, cloudy thoughts, and itchiness. Make sure to stay well hydrated, be up and walk short distances frequently, and take over the counter stool softeners as long as you are taking narcotics.

As your pain improves after surgery you can wean off narcotics gradually by increasing time between doses and/or decreasing amount (i.e. cutting tablets in half).

PREVENTING BLOOD CLOTS

You will likely be discharged with aspirin for blood clot prevention after surgery to be taken twice a day. It is important to take your anticoagulant at the same time every day for the amount of time your surgeon has prescribed it for. If you have a medical concern or high risk for blood clots, you may be prescribed Eliquis (apixaban) or Xarelto (rivaroxaban) and then transitioned to aspirin.

You are also encouraged to move your ankles up and down (ankle pumps) and walk frequently. This helps circulate blood from your legs and reduces your risk of developing a blood clot. TED compression stockings also help reduce swelling and prevent blood from pooling in your legs. You should put the stockings on every morning and remove them before going to bed. It is recommended to wear these compression stockings for 3-4 weeks postoperatively or until instructed by your care team.

Driving

To drive you must no longer be taking narcotic pain pills. You must also feel alert and able to follow your restrictions while driving. You may unlock the brace to allow for flexion of the knee while driving per protocol. Most people can start driving 2-4 weeks after surgery.

Brace/Weight Bearing

Crutches and the hinged post-op brace are required following surgery. You should not put weight on the surgical leg until otherwise instructed by physical therapy or your physician. Your brace should be left on at all times. If for some reason the brace slips down or the dressing is too tight, carefully open the brace and readjust it, or release the tension of the ace bandage. Keep the brace on and locked when up on crutches and sleeping, and when doing your exercises.

Your brace will be locked in extension with ambulation. The brace can be unlocked to 90 degrees flexion at rest. During range of motion exercises, you may unlock the brace to allow for up to 90 degrees of FLEXION unless otherwise directed by your surgeon. If you are uncomfortable changing the brace settings, leave it in the locked position until your first PT appointment.

Exercises

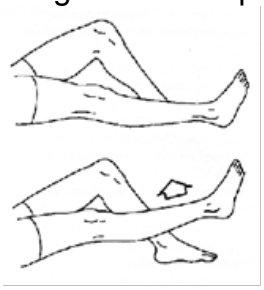
The following exercises should begin the day after surgery and are designed to increase strength of the knee. They should be done lying down on a firm surface and your brace should be on. Your goal is to achieve 25 repetitions 4 times a day for the first 3-4 weeks after surgery.

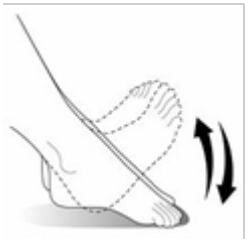
1. Quad Sets-Straighten the knee by tightening the quad (front thigh muscle), flexing the ankle (point toes to the ceiling), and pushing the back of the knee into the floor. Hold for the count of 5-10.

2. Straight Leg Raises-While maintaining the tightened quad position, slowly raise the straightened leg off the floor and hold for 5-10 seconds.

3. Vigorous foot, ankle, and toe movement-20 pumps per waking hour

4. Range of motion per instructions/PT protocol in brace.





Follow-up

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.

Austin Crow, MD
Chippewa Valley Orthopedics & Sports Medicine
(715)832-1400