



## **POSTOPERATIVE INSTRUCTIONS**

### RECONSTRUCTION OSTEOCHONDRAL ALLOGRAFT FEMORAL CONDYLE

#### **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.
- Please maintain steri-strips in place.
- Remove surgical dressing on the second post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing waterproof bandaids over incision areas. Please remember to change bandaids daily.
- NO immersion of operative leg (i.e. bath) \*Brace may come off to shower.

#### **MEDICATIONS**

*\*Do not drive a car or operate machinery while taking the narcotic medication\*, and increase the time intervals between narcotic pain medication usage*

- 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.
- Primary Medication = Norco (Hydrocodone)
  - 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 Norco or Vicodin.
- For surgeries of larger magnitude, some patients will be prescribed Oxycodone (5-10mg)
  - Take 1 – 2 tablets every 4 – 6 hours as needed
  - If given Oxycodone, This should be your primary medication during the first few days after the Surgery. As the pain level improves you should transition to Norco medication for residual pain.
- 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 such as prune juice, Senekot, Colace (or Periocolase), or Miralax.



## ACTIVITY

- MUST USE CRUTCHES to maintain TOE TOUCH/HEEL TOUCH weight bearing x 6-8 weeks.
- 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 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.

## ICE THERAPY

- Begin immediately after surgery
- Use icing machine - continuously until your first postoperative visit
- Motion Medical Ice Machine "Gameready"/Vasothermic device may be used.
- Use unit as frequently as tolerated x 14 days
- Unit is programmed hour on/hour off continuous of compression and ice alternating
- If braced\* - Loosen brace to avoid added pressure
- If issues with Vasothermic device, please contact Dr. Waterman's office

## EXERCISE

- A continuous passive motion(CPM) machine should have been arranged pre-operatively to be delivered for use beginning on the first post-operative day
- If you have technical problems with the CPM, contact Dr. Waterman.
- Try to obtain 4-6 hours of accumulated time on the CPM machine
- Start range of motion from 0° of extension (straightening) to 40° of flexion (bending).
- Increase CPM range of motion 5-10o each day, as tolerated.
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides 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 to the prescribed range of motion above.
- 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.



**Brian Waterman M.D.**  
ORTHOPEDIC SURGERY

**EMERGENCIES\*\***

Contact Dr. Waterman or his nurse at 336-716-8091 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 (336-716-8091 and you will be connected to our page service – they will contact Dr. Waterman or one of his fellows if he is unavailable. Do NOT call the hospital or surgical center.*

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

**FOLLOW-UP CARE/QUESTIONS**

- A member of Dr. Waterman's team 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 the office at 336-716-8091.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (336-716-8091) and ask for appointment scheduling.