



# UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

## Post-Op Instructions for MACI or Osteochondral Allograft with or without Tibial Tubercle Osteotomy and MPFL Reconstruction

Jacob B. Stirton, MD

### DIET

- Begin with clear liquids and light foods (jello, 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.
- Remove surgical dressing on the second day after surgery – **leave steri strips in place**. Replace dressings with clean 4x4s and ace wrap.
- You can get the incisions wet in the shower (water and soap lightly run over the incisions and pat dry). Simply pad dry afterwards.
- Note that because you cannot place weight on the operative leg that you require the use of a shower chair so that you may safely sit while showering.
- To avoid infection, NO immersion of the operative leg (i.e.: bath or pool) until six weeks after surgery.
- Please do not place any ointments lotions or creams on the incisions.
- Sutures are typically removed between 10-14 days post operatively.

### MEDICATIONS

- A nerve block is typically administered by the anesthesia team unless the patient specifically requests otherwise. This will wear off within 24-36 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Some patients will require narcotic pain medication for a short period of time – I prescribe oxycodone which can be taken 1-2 tabs every 3 hours as needed for pain.
- To minimize the need for narcotics, I prescribe ibuprofen and Tylenol to be taken three times per day each for the first 2 weeks.



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- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We prescribe a stool softener to help prevent constipation but be sure to drink plenty of water as well. If you are having problems with nausea and vomiting, we prescribe an antiemetic, Zofran. If this fails to resolve the issue, please contact the office.
- 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 325mg tablet 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

- You may be toe-touch weight bearing while **in your brace** locked in 30 degrees of flexion immediately after surgery. Use crutches after surgery.
- Take the brace off and begin bending the knee 0-30 degrees for the first week with the aid of a CPM (continuous passive motion machine) four times per day for 30 minutes each session.
- 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.
- 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 4 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 locked in 30 degrees of flexion when ambulating with the use of crutches.
- Avoid getting the brace wet (remove for shower).

## ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.



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- Use icing machine continuously or ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- 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 (isometric quad contractions and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness are normal for a few days following surgery. It is safe to bend your knee in a non-weight-bearing position when performing exercises unless otherwise instructed. **Avoid flexing past 30 degrees.**
  - Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 30 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 a few weeks after surgery. A prescription and protocol will be provided at the time of first post op visit unless deferred by Dr. Stirton.

## EMERGENCIES

\*Contact Dr. Stirton's office at 706-439-6858 if any of the following are present:

- Fever (over 101° F – it is normal to have a low-grade fever (<100°) 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)

\*If you have any of the following emergencies that require immediate attention proceed to the nearest emergency room.

- Excessive nausea/vomiting
- Unrelenting pain or calf pain
- Difficulty breathing



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## **FOLLOW-UP CARE/QUESTIONS**

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 706-439-6858 to schedule.
- If you have any further questions please contact Dr. Stirton's office.