



THOMAS KREMEN, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY

(424) 259-9856 OFFICE

(424) 259-6599 FAX

Post-Op Instructions

Procedure: High Tibial Osteotomy

IMPORTANT INFORMATION

- After discharge, look at the list of discharge medications discussed and given to you by your nurse or physician. Take all medication exactly as prescribed and remember to look at the information sheets (provided by the pharmacy) for medication side effects of interactions.
- Become aware of the Danger Signals listed below
- DO NOT drink alcohol while you are taking pain medication.
- DO NOT operate machinery, drive a vehicle, sign legal documents or take responsibility for another person while you are taking pain medication.
- DO NOT return to work/school OR drive a car until you have been given permission by your physician.
- **Do not take any anti-inflammatory medication as this can impair the healing of the bone**

Please read these instructions carefully:

1. For comfort and swelling **apply ice or a cooling pad to your knee for the first few weeks** after surgery and then on a prn basis thereafter. Wrap the ice in a plastic bag to avoid getting the bandage and brace wet and always have a protective layer of cloth/towel between the ice and the skin to prevent frost bite. You can ice for 20 minutes out of each hour if desired, however, do not exceed 20 minutes at any one time. Additionally, a cooling pad that recirculates cold water around your knee is available (polar care device) and can be applied to your knee at the time of surgery. If the cooling pad unit is used, this can be maintained on the knee continuously, however, additional ice will need to be

added to the reservoir from time to time. The reservoir (looks like a small cooler) is typically filled with 50% water and 50% ice.

2. The first night after surgery you may see some blood on your dressing. This is normal. It is best to have the blood drain out of the knee onto the dressing rather than have it build up in your knee causing swelling and pain. If the dressing becomes extremely bloody reinforce the dressing with 4 x 4 gauze and call our office.
3. Immediately after surgery you will be in a knee brace locked in extension. Your knee will either be in a brace or in a knee bending device at all times until directed otherwise by Dr. Kremen. You should keep this knee brace on at all times while ambulating and whenever not using the knee bending device called a CPM (continuous passive motion) while in bed. When in bed using the CPM your brace can be removed. When out of bed, wear your brace. When in bed and not using the CPM, wear your brace. The amount of time spent on crutches and in the brace depends upon the amount of bone healing, other injuries to your knee, the degree of swelling in your knee and the recovery of your quadriceps strength.
4. You will be prescribed a continuous passive motion (CPM) device which should be delivered to your home after surgery. Call my assistant Claudia at 310-423-9208 for any issues related to the CPM. The CPM moves your knee gently over a limited range of motion. Typically we start with motion ranging from full extension to 45 degrees of flexion and increase by 15 degrees each week until 90 degrees of flexion is comfortable.
5. **You will be using crutches and a hinged knee brace locked in extension for approximately 8 weeks after surgery.** You **cannot** bear weight on you leg. Do not remove the brace until you have specifically been instructed to by Dr. Kremen. **Use two crutches at all times until** you have specifically been instructed to by Dr. Kremen. The use of only one crutch is not recommended. For further information regarding brace use and application, please refer to:
<http://www.breg.com/products/knee-bracing/post-op/t-scope®-premier-post-op-knee-brace>
6. Return to the office for post-op visit 7 to 14 days after surgery for a wound check and to ensure you have established a relationship with a physical therapist.
7. You can begin gentle range of motion exercises with your physical therapist after removal of your sutures. Your therapist may have you remove the brace while working with them at their office. Only when under the direct supervision of a physical therapist may you remove your brace for passive range of motion exercises as long as you are not bearing weight. The therapy should NEVER force the knee into more than a comfortable amount of knee flexion and extension as the bone is at risk of breaking.
8. Formal physical therapy will usually starts approximately 2 weeks after surgery and this should be set up prior to surgery.

9. It is best to not shower until after your first clinic visit after surgery. If you must shower, your brace and dressings must be covered by 2 separate waterproof covers or bags sealed independently above the brace and dressings. It is important to keep the incisions dry until the sutures have been removed at your first clinic visit after surgery (about 2 weeks after surgery). After removal of your stitches, you may shower normally, however, **no submerging** of the incisions in a bath, pool, lake, ocean or other body of water. When showering try not to have the stream of water directly on the incision. After showering, do not scrub the area dry, instead pat the area dry with a clean towel. Steri strips have a tendency to come off in the shower. Replace steri strips as needed for about 1 month to enhance scar appearance.
10. Avoid prolonged sitting/standing/walking with crutches for the about the first 2 weeks after surgery. Alternate your positions while seated.
11. For the at least the first 2 weeks after surgery keep your leg elevated as much as possible. It is very difficult (almost impossible) to elevate your leg appropriately when sitting. Thus laying down with your ankle on 5 or 6 pillows or the arm of the couch is the recommended position. The goal is to elevate the knee above the level of your heart as often as possible.
12. You can expect to see some swelling in your foot and calf on the affected side. This is normal. Keeping your leg elevated minimizes this swelling. If the swelling does not improve with elevation of the knee, please call the office.
13. Take your pain medication (oxycodone) as directed on your prescription. Do not wait until the pain is intolerable. It takes 30 - 40 minutes to feel the effects of the medication after swallowing it, so start taking the medicine when you begin to have pain as according to the pharmacist instructions. Consider taking the medication when your pain level starts to interfere with your ability to concentrate on what you are doing – reading a book, watching TV, carrying on a conversation.
14. Other medications given to you may include anti-nausea medication (Phenergan or Zofran). Take them as directed.
15. **Do not take any anti-inflammatory medication as this can impair the healing of the bone.**
16. Eat your normal diet.
17. Only return to work when you are specifically instructed to by Dr. Kremen. If you have a desk job you can return to work approximately a few days to 2 weeks after surgery depending upon your pain, ability to ambulate with crutches and your time allocated to elevating your leg above your heart while at work. Consider returning for half days temporarily.
18. No vigorous activities. Remember to keep the leg elevated as much as possible.

Constipation

The medications you have been prescribed for pain control can cause constipation in most people. This can be a problem. It may last as long as you are taking the

medication. It is important to learn how to prevent and treat constipation. Some suggestions are included below:

1. Eat foods that have helped relieve constipation in the past
2. Eat foods high in fiber or roughage.
 - a. Examples: Drink prune juice, fruits – fresh or dried fruits, especially those with skin or seeds, Raw or cooked vegetables, Cereals and flours – bran, whole wheat bread
3. Sprinkle 1 – 2 tablespoons of unprocessed bran to you food.
4. Drink plenty of fluids - eight to ten 8-ounce glasses a day

If you experience any serious problems or concerning symptoms, please call our office at:

- Regular business hours: **424-259-9856**
- After hours/weekends: 310-206-6766 and ask to be connected with the doctor on call for the Sports Medicine Service.

Warning Signs. Call the office if you notice any of the following symptoms:

- Chills or fever over 101° F.
- Bleeding or fluid draining from the incision more than 5 days after surgery.
- Foul smell/cloudy drainage from the operative site.
- New numbness or newly discovered inability to move a specific muscle
- Increased pain
- Wound edges opening (dehiscence)
- Excessive redness at the incision site or swelling/puffiness around the knee/incisions
- Increasing pain, particularly in your calf muscle
- If you experience significant chest pain or shortness of breath, please call 911 and/or go to your local emergency room immediately as this may represent a life-threatening emergency. Please call our office to keep us informed of any such events.

You have been prescribed a pain medication which has a number of side effects. Most common side effects are drowsiness, nausea and/or vomiting, itching, constipation and irritability. If these side effects are prolonged or severe, your pain medication may need to be changed. You must contact the office during regular business hours to have a new prescription written. If you have uncontrollable pain outside of regular business hours then being evaluated in the **emergency room** is likely the most appropriate course of action. **Most narcotics cannot be prescribed over the phone. If you need a prescription refilled call 424-259-9856 and have your pharmacy fax the refill request to 424-259-6599.** Please allow 48 hours for

this to be completed. After hours (after 5:00 PM or weekends), the on-call physician will not refill a prescription or call in a new pain medication prescription.

REHABILITATION:

Rehabilitation after ACL reconstruction is lengthy and extremely important. Please note the general guidelines outlined on the rehabilitation protocol you were given.

The rehabilitation after surgery is an individual process, some patients may progress a bit slower or quicker than others. The limiting factor is the healing of the graft within the knee. Please refer to the rehabilitation protocol for further details.



The hinged knee brace used after surgery is pictured to the left. It runs nearly the entire length of your leg. Shorter braces are not capable of protecting your knee while the graft is healing.

One version of a specialized knee cooling device called “polar care” (made by a company called Breg) is pictured above on the right. It is filled with 50% ice and 50% water and the pump inside the cooler constantly pumps ice water around your knee.

Please call 424-259-9856 to make a follow up appointment or to confirm that you already have a follow up appointment scheduled. You should be seen by Dr. Kremen approximately 10 to 14 days after surgery.