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ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY

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Post-Op Instructions

Procedure: Knee open osteochondral grafting

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.

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. **You will be using crutches and a hinged knee brace locked in extension for approximately 8 weeks after surgery.** You should not bear weight (walk on) your leg. The brace is locked in extension (knee straight, not bent) for about 2 weeks after surgery. After about 2 weeks, you are permitted to progressively bend your knee to a maximum of 90 degrees when not ambulating (i.e. when seated or sleeping). You will have the brace and be non-weight bearing for about 8 weeks total. 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.
4. You will be using a continuous passive motion (CPM) device after surgery. Begin this on the day after surgery unless any MACI or PACI procedures were performed (cartilage pieces glued into a cartilage defect). If PACI or MACI procedures were performed start CPM 3 days after surgery. You can remove your brace when using the CPM. The goal is to use the CPM at least 4 hours each day in motion at all times in use. It is OK to sleep with the CPM in use. The settings for the CPM are as follows:
 - a. Week 1: 0 to 45 degrees
 - b. Week 2: 0 to 60 degrees
 - c. Week 3: 0 to 75 degrees
 - d. Week 4: 0 to 90degrees
 - e. Week 5: can stop using CPM
5. Return to the office for post-op visit ~2 weeks post-operatively for a wound check and to ensure you have established a relationship with a physical therapist.
6. Immediately after surgery you will be in a knee brace locked in extension. You should keep this brace on at all times until you have specifically been instructed otherwise by Dr. Kremen. You will be taught how to unlock the brace at your first post-operative visit. You can begin gentle range of motion exercises with your physical therapist 2 weeks after surgery per the recommended rehab protocol (given to you by Dr. Kremen) after removal of your sutures. Your therapist may have you remove the brace while working with them at their office. Unless under the direct supervision of a physical therapist or specifically directed by Dr. Kremen, **wear your brace at all times.** 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>

7. Formal physical therapy will usually start about 2 weeks after surgery and this should be set up prior to surgery.
8. 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 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 7-13 days). 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 improve scar appearance.
9. Avoid prolonged sitting/standing/walking for the first few weeks after surgery. Alternate your positions.
10. For the first few weeks after surgery keep your leg elevated at all times when you are sitting or lying down and try to lay down as often as possible. It is very difficult (almost impossible) to elevate your leg appropriately when sitting. The goal is to elevate the knee above the level of your heart as often as possible.
11. 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.
12. 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 it begins to hurt. 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.
13. Other medications given include anti-nausea medication (Phenergan or Zofran) and anti-inflammatory (naproxen). Take them as directed. The anti-inflammatory should be taken with food and is taken twice a day for about 1 month after surgery. If you take aspirin daily then your aspirin should be taken 1 hour prior to any anti-inflammatory medication. (see below for PRP specific instructions)
14. Please do not take anti-inflammatory medication (naproxen, aspirin, advil, ibuprofen, aleve, etc.) for 1 week after any procedure where PRP (platelet rich plasma) was used.
15. Eat your normal diet.
16. 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. Consider returning for half days temporarily.
17. No vigorous activities and 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. Fruits – fresh or dried fruits, especially those with skin or seeds (apples, pears, peaches, tomatoes, berries, raisins, and dates
 - b. Raw or cooked vegetables
 - c. Cereals and flours – bran, whole wheat bread
 - d. Drink prune juice
4. Sprinkle 1 – 2 tablespoons of unprocessed bran to your food.
5. 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 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. **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 right. It runs nearly the entire length of your leg. Shorter braces are not capable of protecting your knee while the graft begins to heal.



Polar care knee cooling device is pictured above on the left. It is filled with 50% ice and 50% water and the pump inside the cooler constantly pumps ice water around your knee.