

Post-Operative Instructions – Microfracture – Femoral Condyle

Diet

- Begin with clear liquids and light food (such as jello, soup, etc)
- Progress to normal diet as tolerated if not nauseated

Wound Care

- Keep your post-operative dressing on for 48 hours after surgery
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the Ace wrap, this is not significant cause for concern. You may simply reinforce the dressing with another Ace wrap or gauze wrap.
- Remove your surgical dressing after 48 hours following surgery. Do not remove the sutures that are now visible. Do not remove the small white steri-strips. Make sure the wound is dry. Pat-dry if necessary with a clean towel. Cover with a waterproof band-aid. Cover with gauze and an Ace Wrap if more comfortable.
- You may shower 48 hours after surgery, but keep the dressing covered with plastic so that the dressing stays dry. Do not get the dressing wet. Make sure the waterproof band-aids cover the entire incision(s) once the dressing is off. While showering, if necessary cover the waterproof band-aids to make sure the incision stays dry. Do not immerse or soak the incision in water until 3 weeks after surgery.

Medications

- Local anesthetic medications are injected into the wound and the knee joint at the end of surgery. These numbing medications wear off approximately 6-12 hours after surgery. It is very common for patients to actually have worse pain on the first or second day after surgery.
- Most patients will require a short duration of narcotic pain medications (less than one week). Some patients only need 1-2 days of narcotic pain medications.
- Common side effects of the narcotic pain medications include nausea, drowsiness, constipation. Take these medications with food to decrease side effects. To prevent and treat constipation, take an over-the-counter stool softener (like colace 100 mg twice per daily) or laxative (like dulcolax).
- If you have had problems with nausea in the past with surgery, you may have had a prescription written for you for an anti-nausea medication. Please take as directed.
- Do not drive a vehicle or operate heavy machinery while taking narcotic pain medication.
- If your pain is not controlled with the narcotic pain medication, then you may take an over-the-counter anti-inflammatory medication like ibuprofen or naproxen in between doses of the narcotic pain medication. This will also help to decrease the pain and reduce the amount of narcotic pain medication required.
- If prescribed, take aspirin (regular strength or baby aspirin) as directed to prevent blood clots.

Brace

- Your brace should be on, locked fully extended (straight out), at all times (day and night) except while doing your exercises (non-weight bearing)
- Remove brace for flexion (bending) and other exercises done while laying down or sitting.

Activity

- Keep the leg elevated to the level of your chest to reduce swelling
- Do not place pillows under the knee, as this keeps the knee bent or flexed
- Place pillows under the foot / ankle
- Use crutches to assist with walking. Do not put weight on your leg for 6 weeks after surgery.
- Avoid long distance traveling and long periods of sitting without your leg elevated for 2 weeks after surgery.
- No driving is permitted if using narcotic pain medications. No driving is permitted until instructed by Dr. Harris. This is generally 1 to 2 weeks after surgery.
- If pain is tolerable, you may return to sedentary work or school 3-4 days after surgery.

Ice Therapy

- It is very important to keep ice on your knee during the initial post-operative period (first 2 weeks). This should begin immediately after surgery.
- Use the ice machine continuously or ice packs (if no machine used) for 20-30 minutes every 2 hours daily until your sutures are removed. Keep leg elevated while icing. Care should be taken to avoid frostbite while icing by making sure the ice is not directly touching the skin.

Exercises

- Begin exercises the day after surgery. These include straight leg raises with the brace on and off. Quad sets, glute sets, ankle pumps, heel slides, prone hangs, passive leg hangs to 90° off side of bed, should be performed with the brace off. Exercises should be 3 to 5 times per day.
- It is safe to bend your knee up to 90 degrees and straighten your knee while non weight-bearing
- Ankle pumps may be performed all day long to help reduce risk of blood clots.
- Discomfort and stiffness is common the first few times you try the exercises.
- Motion goals at the suture removal visit: Full extension and at least 90 degrees flexion.
- Formal physical therapy (PT) begins within the first week after surgery. You will be given a prescription for PT.

Emergencies

- Contact 713-441-8393 if any of the following are present:
 - Unrelenting pain
 - Temperature greater than 101.0 Fahrenheit
 - Redness or drainage around the surgical incision
 - Color change in foot or ankle
 - Painful calf swelling or numbness in foot, ankle, or calf
 - Continuous bleeding or drainage from incision (a small amount is normal and expected)
 - Difficulty breathing
 - Nausea and vomiting
- If you have an emergency after-hours or on the weekend, contact the office at 713-441-8393 and you will be connected to our answering service. This will connect you to either Dr. Harris or the physician on-call.
- If you have an emergency that requires immediate attention, call 9-1-1 or go to your local emergency room.