

**OSTEOCHONDRAL LESION REPAIR, OSTEOCHONDRAL ALLOGRAFT OR
MICROFRACTURE FEMUR/TIBIA POST-SURGERY INSTRUCTIONS**

DR. JUSTIN SCHUPBACH

WOUND CARE

1. Cryotherapy/ICEMAN (continuous icing machine) protocol: Use 10 to 14 hours per day until follow-up or use ice packs 20min per hour while awake. DO NOT put the ICEMAN pad directly against your skin (use a thin towel/clothing).
2. Remove tensor wrap & loose gauze in 3 days. Throw away loose gauze. Leave small white sticky bandages in place, **rewrap with tensor wrap.**
3. Keep incisions clean and dry following surgery for **72 hours** after surgery. It is then OK to shower **UNLESS** your incisions are draining. No tub baths, swimming pools, hot tubs, etc. for a minimum of 3 weeks following surgery. DO NOT scrub or pick off the white sticky bandages or paper tapes (SteriStrips) underneath.

ACTIVITY

4. 20% flat foot partial weight-bearing on the surgical leg with crutches and brace locked in extension.
5. Bracing instructions: Keep brace on and locked straight at all times including sleep and exercises unless advised otherwise by your Therapist or Dr. Schupbach. Remove for showers.
6. Range of motion limits: No flexion past 90°
7. Avoid exercising or strenuous activities (other than those outlined in #9) until you are seen for your follow-up appointment.
8. Elevate the knee above the level of the heart to reduce swelling. To elevate properly, **DO NOT** place anything behind the knee but rather prop pillows under the lower leg and foot to keep the knee straight. Your knee maybe swollen for up to 4 weeks following surgery.

Bruising around the knee and calf can be common.

9. Exercises: Perform all exercises 6 times a day (start today or tomorrow): quadriceps sets, calf pumps, straight leg raises, heel slides (pictures below).

10. Schedule physical therapy to start 4-5 days following surgery as per the PT protocol included with these instructions. Call to schedule this ASAP.

11. Driving: OK to drive automatic ONLY if you had surgery on your left leg. No driving of a manual/stick shift vehicle for 6-8 weeks. When going back to driving, be sure to test braking/acceleration maneuvers in an empty parking lot before entry into any traffic areas. **ABSOLUTELY NO DRIVING WHILE TAKING NARCOTICS! (i.e., Tylenol #3/codeine, Norco, Vicodin, Percocet, oxycodone, etc.)!**

DISCHARGE MEDICATIONS:

1. Stool softeners such as Colace (Ducosate Sodium) or Senokot-S, 2 tablet: take once a day while taking narcotics. These medications do not require prescription.

2. **Aspirin/ASA 81 mg**, 1 tablet, take once a day for {NUMBERS; 0-30:2100140279} days then stop (to prevent blood clots). Prescription not required. Please avoid taking other anti-inflammatory medications (ibuprofen, Motrin, Advil, Naproxen, Aleve etc.) while taking aspirin. You may ask at your first post-operative appointment if you can start these medications.

3. **Oxycodone 5mg**, 1 to 2 tablets, take every 4 to 6 hours as needed for pain, do not exceed 12 tabs/day. Taper off this medication as your pain decreases.

4. **Acetaminophen 325mg** (Tylenol): take 2 pills three times a day (do not exceed 3000mg in 24 hours).

5. **Magnesium 400mg**: take one pill once per day on everyday that you take oxycodone.

5. Check your discharge package and prescriptions to see if any other medications were prescribed for you.

DIET: If no nausea, clear liquids should be taken initially. Then progress to solid foods when clear liquids are tolerated. No alcoholic beverages for at least 48 hours or while taking pain medications. Drink plenty of fluids and eat high fibre foods to prevent constipation while taking prescription pain medications.

FOLLOW-UP: The surgery scheduler should have already given you your post-op appointment. If not, please call.

EMERGENCY: Call or return for any fevers (temperature greater than 101°F or sustained fevers greater than 100.5°F that haven't resolved within 3 to 4 days following surgery) or chills, increasing pain, swelling, redness, calf pain, drainage (especially if yellow, green, or foul smelling), excessive bleeding, chest pain, shortness of breath. After hours or in an emergency, go to your local urgent care center, the ER or dial 911.

EXERCISES

Quad sets



1. Sit with your leg straight and supported on the floor or a firm bed. Tighten the muscles on top of your thigh by pressing the back of your knee flat down to the floor.
2. Hold for 10 seconds, then rest for 10 seconds.
3. Do 5 sets of 10 repetitions several times a day.

Straight-leg raises



1. Lie on your back with your good knee bent so that your foot rests flat on the floor. Your surgical leg should be straight.
2. Tighten the thigh muscles in the surgical leg by pressing the back of your knee flat down to the floor. Hold your knee straight.
3. Keeping the thigh muscles tight, lift your affected leg up so that your heel is about 12 inches off the floor. Hold for about 3 seconds, and then lower slowly.
4. Do 3 sets of 25 reps

Ankle Pumps



1. Sit or lay with your affected leg straight. You may also do this while your leg is elevated.
2. Keeping your affected leg straight, gently "pump" the ankle like pressing on a gas pedal.
3. Repeat 3 sets of 25 reps