

POSTOPERATIVE INSTRUCTIONS
**OSTEOCHONDRAL ALLOGRAFT PATELLOFEMORAL JOINT WITH DISTAL
REALIGNMENT**
Dr, Yaser El-Gazzar

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 or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Please maintain steri-strips in place.
- Remove surgical dressing on the second post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing waterproof band-aids over incision areas. Please remember to change band-aids daily.
- NO immersion of operative leg (i.e. bath) *Brace may come off to shower.

MEDICATIONS

Do not drive a car or operate machinery while taking the narcotic medication

- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time.
- Primary Medication = Norco (Hydrocodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Do NOT take additional Tylenol (Acetaminophen) while taking Norco or Vicodin.
- For surgeries of larger magnitude, some patients will be prescribed Oxycodone (5-10mg)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - If given Oxycodone, This should be your primary medication during the first few days after the Surgery. As the pain level improves you should transition to Norco medication for residual pain.
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If constipation occurs, consider taking an over-the-counter laxative such as prune juice, Senekot, Colace (or Periocolase), or Miralax.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication change, email/call **Dr. El-Gazzar** or his office **New Edge Orthopedics** at **newedgeorthopedics@gmail.com** or **(201) 985-8967**
 - For nausea, take prescribed Zofran / Phenergan.
- Ibuprofen 600-800mg (i.e., Advil) may be taken in between the narcotic pain medication to help smooth out the postoperative “peaks and valleys”, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.



ACTIVITY

- **MUST USE CRUTCHES to maintain TOE TOUCH/HEEL TOUCH weight bearing x 6-8 weeks.**
- 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 foot/ankle to elevate leg.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

BRACE

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise informed by the physician after the first post-operative visit.
- Remove brace for flexion (bending) exercises done in a non-weight bearing position (i.e. lying or sitting).
- Remove brace for shower.

ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first postoperative visit – remember to keep arm supported while icing
 - Motion Medical Ice Machine “Gameready”/Vasothermic device may be used.
 - Use unit as frequently as tolerated x 14 days
 - Unit is programmed hour on/hour off continuous of compression and ice alternating
 - If braced* - Loosen brace to avoid added pressure
 - If issues with Vasothermic device, please contact **Dr. El-Gazzar** or his office **New Edge Orthopedics** at **newedgeorthopedics@gmail.com** or **(201) 985-8967**

EXERCISES

- A continuous passive motion(CPM) machine should have been arranged pre-operatively to be delivered for use beginning on the first post-operative day
- If you have technical problems with the CPM, contact Mark Sorenson (312-724-4700)
- Try to obtain 4-6 hours of accumulated time on the CPM machine
 - Range from 0° of extension (straightening) to a maximum of 40° of flexion (bending).
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery – it is safe and, in fact preferable to bend your knee to the prescribed range of motion above.
- Complete exercises 3-4 times daily until your first postoperative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first postoperative visit unless otherwise instructed.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first postoperative visit. You will be given a script for this at that time.

****Emergencies****

Contact **Dr. El-Gazzar** or his office **New Edge Orthopedics** at newedgeorthopedics@gmail.com or **(201) 985-8967** if any of the following are present:

- Difficulty breathing
- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° – it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color of lower extremity
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Excessive nausea/vomiting

