

Distal Femoral Osteotomy – Postoperative Instructions

DIET

- Begin with clear liquids and light foods (jellos, 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 and ankle occurs.
- It is normal for the knee to bleed and swell following surgery - if blood soaks onto the ACE bandage, do not become alarmed - reinforce with additional dressing.
- Remove surgical dressing on the third post-operative day - if minimal drainage is present, apply a clean dressing over incisions and change daily - you may then shave as long as the wounds remain sealed with the band-aid.
- To avoid infection, keep surgical incisions clean and dry - you may shower by placing a large garbage bag over your brace starting the day after surgery - NO immersion of operative leg (i.e. bath).

MEDICATIONS

- 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 - this can be taken as per the directions on the bottle.
- 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.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed (312-243-2531 - ask for Dr. Chahla's PA).
- Do not drive a car or operate machinery while taking the narcotic medication.
- Ibuprofen 200-400mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

ACTIVITY

- 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 the foot/ankle.
- Use crutches to assist with walking - you are NOT to bear any weight on your operative leg - unless instructed otherwise by physician.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

BRACE (If prescribed)

- 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) and other exercises done in a non-weight bearing position (i.e. lying or sitting) if doing straight leg raises, keep brace on and locked in full extension (straight).
- If a continuous passive motion machine was prescribed, remove brace during use.

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 post-operative visit - remember to keep leg elevated to level of chest while icing.

EXERCISE

- A continuous passive motion 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 continuous passive motion machine, contact the provider of the CPM.
- Use the continuous passive motion machine out of the brace (if prescribed) for 2 hours/twice a day - begin at a rate of 1 cycle/minute, ranging from 0° of extension (straightening) to 40° of flexion (bending) - increase flexion by 5-10° (stay within a comfortable level) daily to a maximum of 90° .
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few weeks following surgery.
- Complete exercises 3-4 times daily until your first post-operative visit.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf.
- Formal physical therapy (PT) will begin after your first post-operative visit.

EMERGENCIES**

Contact Dr. Chahla's Physician Assistants at chahlapa@rushortho.com if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal).
- 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 change in foot or ankle.
- Continuous drainage or bleeding from incision (a small amount of drainage is expected).
- Difficulty breathing.
- Excessive nausea/vomiting.
- Calf pain.

- If you have an emergency after office hours or on the weekend, contact the office at 312-432-2531 and you will be connected to our pager service. This will connect you with the Physician on call. You can also call Rush University Medical Center at 312-942-5000 and ask for the operator to page the orthopedic resident on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact the our scheduler at 708-236-2701 to schedule.
- Typically the first post-operative appointment following surgery is 7-10 days following surgery and will be scheduled with one of the Physician Assistants. This will be for suture removal, going over physical therapy protocols and answering questions about the procedure.
- If you have any further questions please contact Dr. Chahla's Team directly at chahlapa@rushortho.com