POSTOPERATIVE INSTRUCTIONS

Tibial Tubercle Osteotomy

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 the bandage, do not become alarmed – reinforce with additional dressing.
- Please maintain steri-strips in place.
- Remove surgical dressing on the second postoperative day and apply waterproof Band-Aids over incisions and change daily. Physical therapy may change your dressing prior to the second postoperative day.
- You may shower after removing the first dressing by placing waterproof Band-Aids over incision areas.
- Do NOT immerse the operative leg until 14 days after surgery

Icing

- Icing is very important for the first 5-7 days after surgery.
- Use an ice machine continuously or ice packs every 2 hours for 20 minutes daily until your first postoperative visit.
- Do not place the ice bag or cooling device directly on the skin. Care must be taken to avoid frostbite to the skin

Activity

- **Maintain no more than heel-touch weight bearing of the surgical extremity, unless instructed otherwise.**
- Range of motion, ankle pumps, quad set, heel slides and straight leg raises are encouraged for the first 7 days after surgery.
- Range of motion from 0-30 degrees is allowed in the brace.
- Elevate your surgical knee, preferably, above the heart.
- Begin exercises 3x daily beginning the day after surgery (heel slides, quad sets, ankle pumps, straight leg raises, and bending the knee) unless otherwise instructed. See attached pictures of exercises for reference. Three sets of 10-15 repetitions each is advised. If the exercises cause pain, stop and try again later in the day.
- While exercises are important, don't overdo it. Common sense is the rule. Increased swelling and/or pain is usually an indication you're overdoing it.

- Start physical therapy within 1-3 days. Please take the attached physical therapy protocol with you to your first physical therapy appointment. If one is not attached, please contact Dr. Glomset at ortho@jtglomsetmd.com

Medications
- Do not drive a car or operate heavy machinery while taking narcotics.
- You have been prescribed a narcotic (either Norco or Percocet) for pain control. This is to be used for a short time period.
    - Take 1-2 tablets every 4-6 hours as needed
    - Max of 12 pills per day
    - Plan on using for 2-5 days, depending on the level of pain.
    - Do not take additional Tylenol (Acetaminophen) while taking Percocet.
- Common side effects include nausea, drowsiness and constipation. Take medication with food to decrease side effects.
- Ibuprofen (600-800mg) may be taken in between the narcotic medication
- **You should take an aspirin (81mg) twice daily for 2 weeks.** This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of the calf or ankle, please contact us.
- You should resume your normal medications for other conditions the day after surgery. You may not drive or operate heavy equipment while on narcotics. It is important not to drink while taking narcotic medication.

Brace

- Keep brace locked in full extension at all times when upright or ambulating.
- Keep brace locked during periods of rest and always at nighttime until the first post-operative appointment.
- Brace straps may be loosened during use of ice machine if desired.
- Brace should be removed for exercises beginning first postoperative day and for periods of rest.
- If combined cartilage procedure was performed and you have been prescribed a CPM machine, the brace should be removed during CPM use as well.

Diet
- Resume normal diet as tolerated this evening. We have no specific diet restrictions after surgery, but extensive use of narcotics can lead to constipation. High fiber diets, lots of fluids and muscle activity can prevent this occurrence.
- The anesthetic drugs used during surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids. The only solids should

be dry crackers or toast. If the nausea and vomiting become severe or you show signs of being dehydrated (lack of urination), please call.

FOLLOW-UP CARE/QUESTIONS

● Email any non-emergent questions, email ortho@jtglomsetmd.com for the fastest reply. If e-mail is not an option, please call the practice at 405-885-8195.

● If you do not already have a postoperative appointment scheduled, please contact the scheduler during normal office hours at 405-218-2530 or email ortho@jtglomsetmd.com to arrange an appointment 10-14 days from surgery.

EMERGENCIES

● Contact Dr. Glomset or his nurse at 405-885-8195 or by email ortho@jtglomsetmd.com if any of the following are present:
  o Difficulty breathing
  o Painful swelling or numbness
  o Unrelenting pain
  o Fever (over 101° – it is normal to have a low-grade fever for the first day or two following surgery) or chills
  o Redness around incisions
  o Color of lower extremity
  o Continuous drainage or bleeding from incision (a small amount of drainage is expected)
  o Excessive nausea/vomiting

**If you have an emergency after office hours or on weekends, call 405-272-8400 and you will be connected to our page service – they will contact Dr. Glomset or one of his partners if he is unavailable. Do NOT call the hospital or surgicenter.

**If you have an emergency that requires immediate attention, proceed to the nearest emergency room or call 911.

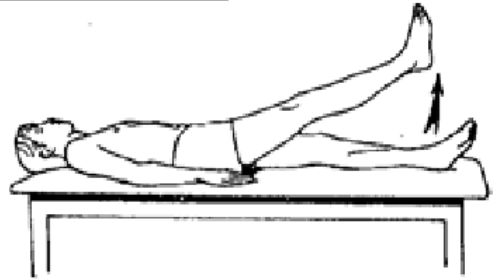## KNEE POST OPERATIVE EXERCISES

QUAD SETS
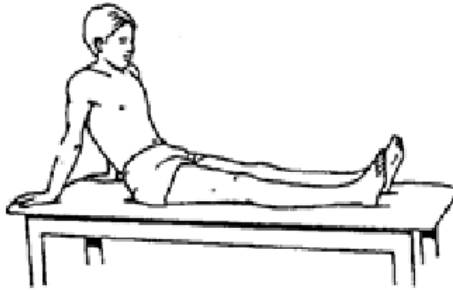
Tighten muscles on top of thigh by pushing knee down to floor or table.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day.

STRAIGHT LEG RAISE

Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day.

CALF PUMPS

Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day

LEG HANGS WITH GRAVITY

Allow leg to hang w/ gravity and bend as tolerated for 60-90 seconds

Do 3x per day