

POSTOPERATIVE INSTRUCTIONS

DISTAL FEMORAL OSTEOTOMY

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 elbow, wrist, or hand occurs
- It is normal for the shoulder 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 band-aids 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 shoulder 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 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 (216-844-6097 – ask for Jessie)
- 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 foot/ankle
- Use crutches to assist with walking – you are able to bear as much weight as tolerated on operative leg unless otherwise instructed by the 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 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 800-451-6510
- Use the continuous passive motion machine out of brace for 6-8 hours per day in 2 hour increments – begin at a rate of 1 cycle/minute, ranging from 0° of extension (straightening) to 30° of flexion (bending), increase flexion by 5-10° daily (stay within a comfortable level) 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 (extremely uncommon)
- Formal physical therapy (PT) will begin after your first post-operative visit

EMERGENCIES

- Contact Dr. Salata at 216-844-6097 if any of the following are present:
 - 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 change in wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting

**If you have an emergency after office hours or on the weekend, please call 216-691-6067 and you will be connected to our answering service – they will contact Dr. Salata or one of his fellows 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 dial 911.

FOLLOW-UP CARE/QUESTIONS

- If you have questions that arise at any time, whether for Dr. Salata or Jessie, please send an e-mail to Jessie (Jessie.Hammond@uhhospitals.org) for the fastest reply.
- If e-mail is not an option please call Jessie directly (216-844-6097).
- If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours (216-844-6097).