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Cartilage Restoration of Femoral Condyle - Postoperative Instructions

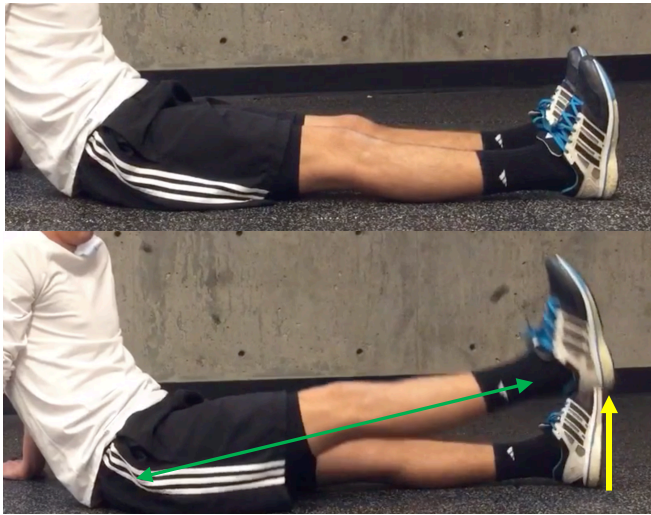
- **Wound Care:**
 - After surgery, the wound is covered with gauze and cotton padding. Please leave dressings on for 3 days. Loosen bandages if swelling or progressive numbness occurs in the extremity.
 - It is normal for the joint to bleed and swell after surgery. If blood soaks onto the ACE bandage, please reinforce with additional gauze dressing.
 - Remove surgical dressings 3 days after surgery.
 - Please LEAVE STERI STRIPS IN PLACE OVER INCISIONS UNTIL FIRST APPOINTMENT
- **Medications:**
 - **Pain Control:** Local pain medication is injected into the knee during surgery – this will wear off within 4-6 hours. Most patients will require some narcotic pain medication (i.e. vicodin, norco, hydrocodone, or other codeine-derivative) for 1-2 days after surgery – please take as instructed. It is important not to drink alcohol or drive while taking narcotic medication. If your pain is minimal, you may discontinue the use of narcotics. Ibuprofen 600-800 mg (i.e. Advil) can be taken as needed in between doses of narcotic pain medication for additional pain control.
 - **Blood Clot Prevention:** Unless otherwise instructed, take an **aspirin 81 mg daily** for 3 weeks following surgery. This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please call the doctor.
 - **Constipation:** The use of narcotics can lead to constipation. Adequate hydration and over-the-counter stool softeners can minimize constipation problems.
 - **Normal medications:** Resume the day after surgery unless otherwise instructed.
- **Weight-Bearing:** Maintain toe-touch/heel-touch weight bearing of the surgical extremity, unless instructed otherwise.
- **Activity:** Unless otherwise instructed, you should begin ankle pump exercises as demonstrated on the exercise handout on the first day after surgery. Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days after surgery. While exercise is important, don't over-do it. Common sense is the rule.
- **CPM(Continuous Passive Motion) Machine:** Begin using your CPM out of the brace within 48 hours of surgery. Begin 0-40° and advance 5-10° each day. Try to attain 4-6 hours per day for 6 full weeks.

- **Brace:** Brace is to be worn at all times, day and night, except hygiene and prescribed exercises. Brace is remained locked in full extension for 2 weeks or until directed to unlock.
- **Showering:** Once bandages are removed, you may shower with water-proof band-aids over incision and steri-strips. Please take caution as to not pull off steri-strips when removing band-aids.
- **Elevation:** Rest and elevate your leg for the first 3-5 days. **Do not place a pillow under your knee.** Instead, elevate with a pillow under your calf and ankle, with your knee kept straight.
- **Diet:** The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. Following surgery, begin with clear liquids and light foods. You can progress to your normal diet if not nauseated. If nausea and vomiting become severe, or if you show signs of dehydration (lack of urination), please call the doctor.
- **Driving:** No driving until permitted by the doctor.
- **Work/School:** May return to sedentary work or school 3-4 days after surgery, if pain is tolerable.

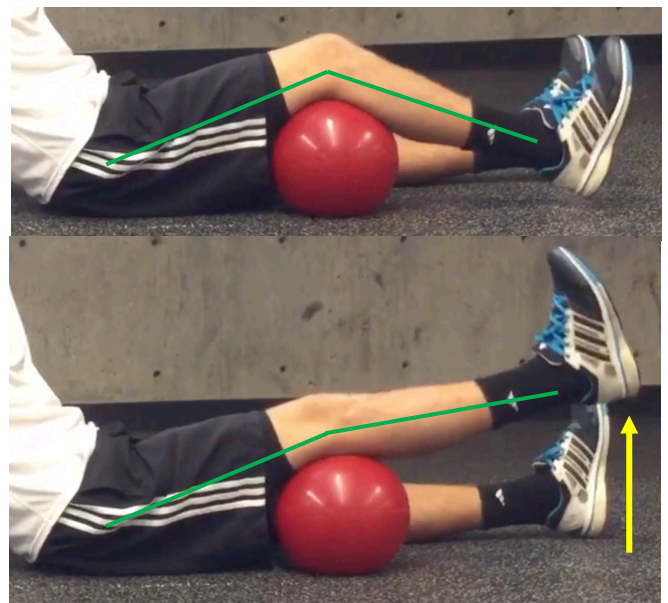
URGENT Information and Contacts:

- A low-grade fever (up to 100.5 degrees) is not uncommon in the first 48 hours. Please call the doctor with any temperature over 101 degrees.
- Please call the doctor if you have severe pain that your pain medication does not relieve, persistent numbness of the leg, fever over 101 degrees, difficulty with the cast or surgical incisions, difficulty breathing, chest pain, excessive nausea/vomiting, or if you experience redness or swelling in your thigh or calf.
- If unexpected problems occur and you need to speak to someone, please call the doctor (720-848-8200). If calling after office hours or on the weekend, you may reach the resident or fellow on call. The resident or fellow on call may not be on Dr. Frank's service and may not be familiar with your case, but will be able to direct any questions/concerns directly to Dr. Frank.
- If you have an emergency that requires immediate attention, proceed to the nearest emergency room.
- **Follow-Up Care/Questions:**
 - Dr. Frank or Kevin Shinsako, PA-C will call you after your surgery. If you have not been contacted within 48 hours of surgery, please reach out to Dr. Frank's office.
 - If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours. Appointments should be arranged 7-14 days from surgery.
 - Please call **(720) 848-8200** with any questions or concerns at any time.

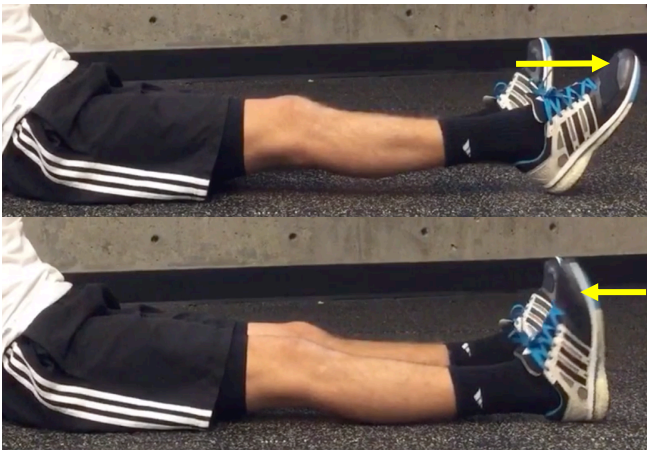
Post-Operative Knee Exercises



Straight Leg Raise: Keeping leg straight, lift it 8-10 inches off the floor, hold and repeat. 10-15 reps, 3 sets



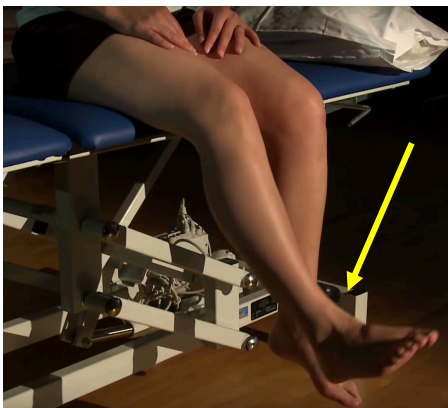
Short Arch Quad Set: Place small ball or rolled towel under knee. Raise foot till leg straight. Relax foot down and repeat. 10-15 reps, 3 sets



Calf-Pumps: Point toes and foot away, flexing calf muscle. Then raise toes towards you. Relax foot. 10-15 reps, 3 sets



Knee Range of Motion: Slide heel towards you. If tolerated, pull leg inward to emphasize flexion. 10-15 reps, 3 sets



Leg Hang: Sit on elevated surface. Use non-operative foot to support operative leg. Allow leg to bend with gravity to tolerance. Hold for 3-5 seconds. Repeat. 10-15 reps, 3 sets