

# POSTOPERATIVE INSTRUCTIONS ANTEROMEDIALIZATION

#### **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 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.
- Remove surgical dressing 48-72 hours post-operative—Apply clean, sterile dressing over incisions and change daily.
- Please keep steri-strips in place.
- To avoid infection, keep surgical incisions clean and dry you may not shower until after your 1<sup>st</sup> post-operative appointment.
- NO immersion of the operative leg (i.e. bath, swimming pool) \*If Braced it may come off to shower

#### **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 directions on the bottle
  - \*Do not drive a car or operate machinery while taking the narcotic medication\*
- Primary Medication = Percocet (Oxycodone/Acetaminophen)
  - $\circ$  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 Percocet
  - o Common side effects of the pain medication are nausea, drowsiness, and constipation to decrease the side effects, take medication with food.
    - Zofran (Ondansetron) has already been called into your pharmacy for nausea if needed.
    - If constipation occurs, consider taking an over-the-counter laxative such as Colace or Miralax.
- If you are having problems with nausea and vomiting, contact the office to possibly have

- your medication changed (843-654-8868 ask for Nicole Fava, Dr. Haro's PA)
- Ibuprofen 400-600mg (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**

- MUST USE CRUTCHES to maintain FOOT FLAT/HEEL TOUCH weight bearing x 6-8 weeks.
- Elevate the operative leg 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.
- Remove brace for flexion (bending) exercises done in a non-weight bearing position (i.e. lying or sitting).
- Remove brace to 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 post-operative visit
  - o The Cryocuff device may be used.
  - o Use Cryocuff as frequently/continuously as tolerated x 14 days
  - \*If braced- Loosen brace to avoid added pressure

## **EXERCISE**

- Begin exercises 24 hours after surgery (Heel props, quad sets, heel slides, straight leg raises 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 and complete exercises listed above (unless otherwise instructed by physician).
- 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.
- If you have any questions or concerns please contact, Nicole Fava PA-C at (843) 654-8868 or by email at **HaroPA@southeasternspine.com**

# \*\*Emergencies\*\*

- Contact Dr. Haro or Nicole Fava PA-C at (843) 654-8868 or by email HaroPA@southeasternspine.com if any of the following are present:
  - o 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
  - o Color change in wrist, hand or lower extremity
  - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
  - o Difficulty breathing
  - o Excessive nausea/vomiting
- \*\*If you have an emergency after office hours or on the weekend, call (843) 654-8868 and you will be connected to our on call service. Do NOT call East Cooper Hospital or the Surgery Center.
- \*\*If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

# Follow-Up Care/Questions

- Nicole Fava, PA-C (Dr. Haro's Physician Assistant) will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please email <a href="https://example.com">HaroPA@southeasternspine.com</a> or call directly: (843) 654-8868
- If you have additional questions that arise at any time, whether for Dr. Haro or Nicole, please send an email to <a href="https://example.com">HaroPA@southeasternspine.com</a> or call: (843) 654-8868.
- If you do not already have a postoperative appointment scheduled, please contact the scheduling office during normal office hours (843) 654-8868.