



Michael S. Day, MD, MPhil

WellSpan Orthopedics

120 North Seventh Street, Chambersburg, PA 17201, Suite 101

Tel: (717) 263-1220; Fax: (717) 263-6255

POST-OPERATIVE INSTRUCTIONS

Smart Nail Fixation – Condylar Osteochondral Lesion

Activity

- Try and rest the first few days following surgery. When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling.
- **Ice** or the **cryo-cuff** can be used as much as possible for the first 3-4 weeks to help decrease swelling. If you are using the cryo-cuff make sure that you always protect the underlying skin with an ACE bandage or sleeve to prevent any superficial injury to the skin. Ice and the cryo-cuff should be used frequently for 20 minutes at a time.
- **Crutches** are recommended for the first 6 weeks (and occasionally longer) to help provide support and aid in ambulation. You will be **non-weight bearing** on your operative knee for the first 6 weeks following surgery.
- You have been placed in a **knee immobilizer**. You will likely have to wear this for the first 6 weeks following surgery. The immobilizer needs to be locked (straight) in extension when standing or walking. The immobilizer also must be worn while sleeping at night. You may remove your brace 4-5 times a day while seated or lying down, and begin to bend and straighten your knee.
- A **continuous passive motion (CPM) machine** is utilized for the first couple of weeks following surgery to facilitate early motion. You can use the machine *with or without* your knee immobilizer. Be sure to unlock the knee immobilizer if you choose to use the machine with the brace. Your goal is to achieve full knee extension as well as flexion to 90 degrees by 7-10 days following surgery.
- Driving is not recommended when taking narcotic pain medication.
- Return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Montgomery.

Dressings

- Remove the outer dressing and gauze wrap 72 hours after surgery. Clean the surrounding skin with sterile water or rubbing alcohol and cover the sutures loosely with band-aids or a clean dressing. Be sure not to vigorously rub over any of the incision sites as they are still healing.

- Small amounts of bloody drainage, numbness at incision site, knee swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under band-aids.
- If there are small white tape strips that have been placed across your incision, do not remove them.
- Keep your sutures clean and dry until your first follow-up visit. If you wish to shower, plastic bags, saran wrap, and waterproof dressings can all be used to keep the area dry. **DO NOT SOAK** your knee in a bath tub.

Medication

- You have been prescribed one of the following **pain medications**:
 - Oxycodone – Please take 1 tab every 4-6 hours as needed for pain.
- As the pain gradually improves you may transition over to Extra-Strength Tylenol which is a strong non-narcotic alternative for pain.
- You have also been given a prescription for **enteric coated Aspirin 325 mg** which you should take once daily with food to decrease the risk of post-operative blood clot formation.
- If you have any side effects (i.e. Nausea, rash, trouble breathing) from medication discontinue its use and call our office.

Physical Therapy

- Schedule Physical Therapy to begin approximately one week after surgery. You will receive your physical therapy prescription at your first post-operative visit.
- A list of home exercises has been enclosed for you to do during your first week following surgery.

Follow Up

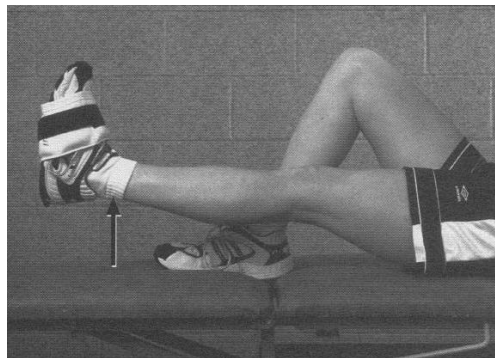
- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment 7-10 days after your surgery.
- You will be seen by Dr. Montgomery or his Physician Assistant for your first post-operative visit to review your intra-operative findings and to go over any questions you may have.
- Sutures will also be removed at that time.
- Call the office immediately if you develop a fever (>101.5), chills, excessive incision drainage, calf pain, or persistent leg numbness.
- If you have any questions or concerns please feel free to call the office.

Home Knee Exercises

Straight Leg Raise

With your leg straight, lift your heel 12 inches from the ground and slowly back down. No weight is needed on the foot during the first 2 weeks after surgery.

3 sets of 15 reps as tolerated



Isometric Quad Contractions

While lying on your stomach, place rolled up towel under ankle. Straighten knee against towel and hold for 15 seconds, stop, and then repeat.

3 sets of 15 reps as tolerated

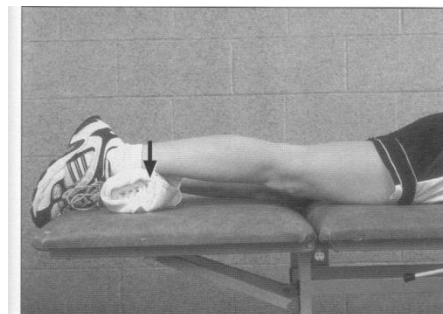


Figure 21.29 Quad set, prone.

TRI-COUNTY ORTHOPEDICS

World-Class Team. Hometown Choice.

Continuous Passive Motion Machine (CPM)



The goal of a CPM Machine is to help you to begin to move your knee after surgery and before you begin formal physical therapy. When your surgery is arranged, the surgical scheduler will set up the delivery of the machine for you. When the CPM is delivered to your home, you will be shown how to use it.

Here are some instructions that you should keep as a reminder of how your surgeon would like you to use your CPM:

- At first, the movement / range of motion settings will be between 0-45⁰
- You can start with the machine on low speed, but may gradually increase to medium speed as tolerated
- You should gradually increase how much your knee flexes/bends by 5-10⁰ per day to help decrease the stiffness of your joint.
- ***With most types of knee surgery, your goal is to get up to 90⁰ of flexion in your knee by your first doctors visit following surgery***
 - If you have had surgery on your meniscus or have had quadriceps/patella tendon repair, or patella 'OATs procedure' you should check the instructions that you are given after surgery for specific movement/ range of motion guidelines. If you are unsure, please contact the surgeon's office
- Once you have reached 90⁰ of knee flexion, you should work to achieve pain free movement, but do not go past 90⁰ of knee flexion until directed by your physician
- You should try to use the machine as much as possible
 - During the first few days following surgery, pain may be a limiting factor. You should continue to use the CPM device as much as you can tolerate
 - It is ***best*** if you use the machine 6-8 hours per day, in 1-4 hour sessions at a time.
 - The ***minimum*** total number of hours you should use the machine is 4 hours.
- The CPM device may be used with or without your hinged knee brace
 - It may be more comfortable to use the device with the hinged knee brace unlocked for the first few days following surgery
 - As it becomes easier for you to take your brace on and off, you may begin to use the CPM machine without the brace, as this will help you to achieve more motion in your knee