

## **Post-Op Instructions for Tibial Tubercle Osteotomy (TTO) and Autologous Chondrocyte Implantation (MACI) of Patella/Trochlea and Medial Patellofemoral Ligament (MPFL) Reconstruction**

**Jason R. Ferrel, M.D.**

### **DIET**

- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated.

### **WOUND CARE**

- Maintain your operative dressing, loosen bandage if swelling occurs.
- It is normal for the knee 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 waterproof Band-Aids over incisions and change daily.
- Please keep steri-strips and mesh bandage in place if they are present.
- To avoid infection, keep surgical incisions clean and dry for the first 7 days following surgery – you may shower by placing a large plastic bag over your brace beginning the day after surgery. **NO** immersion of the operative leg (ie: bath or pool).
- Please do not place any ointments lotions or creams on the incisions.
- Once the sutures are removed 7-10 days post operatively you can begin to get the incision wet in the shower (let water and soap run over the incision and pat dry). **NO** immersion in a bath or pool until given approval by our office.

### **MEDICATIONS**

- If you received surgical block, it is normal to have numbness and inability to move the extremity for at least 12 hours after surgery. This will help with pain control.

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as directed on the bottle. You may start narcotic pain medication before the surgical block wears completely off.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. We recommend a stool softener such as Colace (docusate) available over the counter and be sure to drink plenty of water.
- If you are having problems with nausea and vomiting or other adverse effects, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking narcotic medication.
- Avoid alcohol use while taking narcotic pain medication.
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen (600mg every 6 hours or 800mg every 8 hours) or naproxen as needed in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- Following surgery take one aspirin tablet daily to lower the risk of developing a blood clot. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

## ACTIVITY

- **NO knee motion for the first 48 hours after surgery (DO NOT BEND THE KNEE).**  
**During this time, you must wear the brace locked in extension 24/7.** You may perform ankle pumps to decrease chance of blood clots.
- **You may set your foot on the ground for balance only but please do not put weight through the foot on your operative side for the first 6 weeks after surgery.**
- 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 the foot/ankle.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for 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 a physician.
- May return to sedentary work 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 instructed after the first post-operative visit.
- Avoid getting the brace wet (cover for shower).
- No driving in the brace

## **EXERCISE**

- **NO knee motion for the first 48 hours after surgery**
- After 48 hours, you may begin exercises. Straight leg raises should be performed in the brace. You may remove the brace while non weight bearing for the following exercises- quad sets, heel slides (bending the knee), and ankle pumps.
- Discomfort and knee stiffness is normal for a few days following surgery. It is safe to bend your knee in a non-weight-bearing position when performing exercises unless otherwise instructed.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.

- Formal physical therapy (PT) will begin 72 hours after surgery. A prescription and protocol will be provided at the time of surgery unless deferred by Dr. Ferrel. Call to make a physical therapy appointment at your desired location as soon as possible. You may begin physical therapy prior to your first postoperative appointment. Take the prescription and protocol to your first appointment.






### **ICE THERAPY**

- Icing is very important in the initial post-operative period and should begin immediately after surgery when non-weight bearing.
- Remove ice pack/ ice cuff completely when ambulating in the brace.
- Use icing machine continuously or ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time. Please make sure to remove completely so sweating/moisture does not accumulate.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

### **EMERGENCIES**

Contact Dr. Ferrel's office at 614-545-7958 if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain or calf pain
- Fever (over 101° F – it is normal to have a low-grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

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If you have an emergency **after office hours** or on the weekend, contact the office at 614-545-7900 and you will be connected to our pager service. This will connect you with the Physician on call.

If you have an emergency that requires immediate attention proceed to the nearest emergency room.

#### **FOLLOW-UP CARE/QUESTIONS**

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 614-545-7958 to schedule.
- Your first post-operative appointment will be scheduled with either Dr. Ferrel or his designated assistant for a quick wound check, physical therapy protocol and to answer any further questions you have regarding the procedure
- Typically, the first post-operative appointment is 7-10 days following surgery for suture removal.
- If you have any further questions, please contact Dr. Ferrel's office.