

Post-Op Instructions Meniscus Allograft Transplantation (MAT) with Osteochondral Allograft (OCA) of the Femur

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 of the foot and ankle 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.
- 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 keep steri-strips in place.**
- Please do not place any ointments lotions or creams on the incisions.
- Once the sutures are removed **at least 7-10 days post operatively** you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). NO immersion in a bath until given approval by our office.

MEDICATIONS

- 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.
- 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, contact the office to possibly have your medications changed.
- **Do not drive a car or operate machinery while taking the narcotic medication**

- Please 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 (600 – 800mg) or naproxen 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.
- For 6 weeks following surgery take one aspirin tablet daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

ACTIVITY

- **Must use crutches to allow for only Toe-Touch/Heel-Touch weight-bearing for 6-8 weeks.**
- 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 physician
- 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 instructed after the first post-operative visit.
- Avoid getting the brace wet (remove for shower).

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- 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.
- 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






EXERCISE

- A continuous passive motion(CPM) 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 CPM, contact the company who delivered the CPM.
- Try to obtain 4-6 hours of accumulated time on the CPM machine
 - o Start range of motion from 0° of extension (straightening) to 40° of flexion (bending). Increase CPM range of motion 5-10° each day, as tolerated up to 90° maximum.
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides, and ankle pumps) unless otherwise instructed.
- 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. Avoid flexing past 90 degrees
- 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) typically begins a few days after surgery. A prescription and protocol will be provided at the time of surgery unless deferred by Dr. Ferrel.

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

Jason R. Ferrel, MD | 614-545-7958 |      @JasonFerrel_MD

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.