



Dr. Kelly Osteochondral Allograft Postoperative Instructions

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 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 on the second post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- Please keep steri-strips in place.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing waterproof band-aids over incision areas. Please remember to change band-aids daily.
- NO immersion of operative leg (i.e. bath) *Brace may come off to shower.

MEDICATIONS

Do not drive a car or operate machinery while taking narcotic pain medication

- 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.
- Primary pain medication = Percocet (oxycodone) or Norco (hydrocodone)
 - 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 your level of pain
 - Do NOT take additional Tylenol (Acetaminophen) while taking Percocet or Norco
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.

- If constipation occurs, consider taking an over-the-counter laxative such as prune juice, Senekot, Colace, or Miralax.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed.
- For nausea, take the prescribed Zofran/Phenergan.
- Ibuprofen 600-800mg (i.e. Advil) may be taken in between the narcotic pain medication to reduce the overall amount of pain medication required and increase the time intervals between narcotic pain medication usage.

ACTIVITY

- You should not put weight on the operative extremity for the first 6 weeks, and you will need to use crutches during that period of time.
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do NOT place pillows under knee (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 or walking) 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 or school 3-4 days after surgery, if pain is tolerable.

BRACE

- Your brace should be worn fully extended (straight) when upright or walking until otherwise informed by the physician.
- Remove brace for flexion (bending) exercises done in a non-weight bearing position (i.e. lying or sitting) and for periods of rest while awake.
- Remove brace for showering.
- If you have been prescribed a continuous passive motion (CPM) machine, the brace should be removed when using the machine.

ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously until your first postoperative visit
- A “Gameready”/Vasothermic device may be used while in physical therapy.
 - Use unit as frequently as tolerated x 14 days
 - If braced, loosen the brace to avoid added pressure

EXERCISE

- 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 and, in fact preferable to bend your knee (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 prescription for this during your visit.

*****EMERGENCIES*****

Contact Dr. Kelly or his PA if any of the following are present:

- 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
- Color change in wrist, hand or lower extremity
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

*****If you have an emergency after office hours or on the weekend, call 412-262-7800 and you will be connected to our page service – they will contact Dr. Kelly or one of his partners if he is unavailable. Do NOT call the hospital or surgery center.**

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

FOLLOW UP CARE

- Dr. Kelly or his PA 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 call the office.
- If you do not already have a postoperative appointment scheduled, please contact the scheduling office during normal office hours (412-231-9272).
- This web site also includes more postoperative information for specific procedures, which may be helpful for your recovery: www.BrianKellyMD.com