



Discharge Instructions for Distal Femoral Osteotomy

Wound Care:

- Your post-operative dressing has three layers. Your incisions were closed with absorbable stitches. If you have small white tape (called Steri-Strips) over the incision, it should be left in place until your first postop visit.
- The second layer is gauze pads to help absorb some water that will leak from your knee for the first couple hours after surgery. Occasionally, there will also be a small amount of blood mixed with this water - this is normal.
- The outer layer is a long ace wrap that was wrapped around your leg from the foot up to your thigh. We wrap the whole leg, not just the knee, so that the ace wrap does not act like a tourniquet causing the lower leg to swell.
- Keep dressing on for 3-5 days. After removing the dressing, keep wounds covered with clean dry gauze.
- Keep dry for 2 weeks, sponge baths only
- Do not submerge in water until incisions are fully healed, this may take up to 4 weeks.

Activity:

- **NON WEIGHT BEARING** on the operative leg
- A brace is used to protect your knee after surgery. The only time you can remove the brace is for physical therapy and hygiene for the first 4-6 weeks following surgery.
- The brace's hinges are locked in full extension - do not change the hinges on the brace.
- Use crutches to walk. Remember that the brace must be on and locked in extension at all times while walking. You will probably need to continue use of the crutches up to six weeks after surgery.
 - *Crutch Adjustment:* The crutch length will be set at your height so that there are about two to three fingers between the top of the crutch and the armpit. The handgrip should be adjusted so that your elbow bends slightly in the standing position. Do not carry your weight in your armpits or lean on your crutches because this can put pressure on nerves.
 - *Crutch walking:* Raise both crutches and place them about 12 inches in front of your body. Advance both crutches and weak foot forward at the same time. Push against the hand grips as you shift your weight forward. End with your strong foot ahead of the crutches. Repeat the sequence.
- **Physical Therapy** - Your physical therapy appointment should have been arranged before your surgery day. It is important to start physical therapy *1 week after surgery* to avoid any stiffness that can lead to increased pain and slower recovery. Your therapist will start range of motion, gait, and strength exercises on your first visit.
- **No Driving** - No driving while brace is in place or while on narcotic medications. It may be 2-3 months before it is safe for you to drive. You must have full control of your leg, discontinue use of brace, AND be off narcotic medications completely in order to drive.
- **Work** - Return to work may require a week or two for desk work, 6-8 weeks for standing work and over 3 months for heavy work.



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Medications:

- Please use narcotic medications (Norco, Percocet, Vicoden) sparingly and slowly try to decrease the amount and frequency over the next two weeks. Many patients find that taking it an hour before therapy and before going to bed is very helpful in managing pain.
- If you feel the narcotic pain medication is too strong, you may use acetaminophen instead. Avoid taking ibuprofen since it has been shown to delay bone healing.
- If you choose to take anything other than what was prescribed, please consult the pharmacist to ensure that you are not overdosing on a certain class of medication which can lead to severe kidney/liver damage.
- One of the side effects of narcotics is constipation. Be sure you drink plenty of fluids, and take a fiber supplement such as methylcellulose (Citrucel) or psyllium (Metamucil) or a stool softener like docusate (Colace).
- Please continue all medications that you were taking prior to your surgery in addition to the medications prescribed for post-operative pain. If you have questions regarding those medications that you were on prior to surgery, please contact your primary care physician.

Ice, Elevation & Cold Therapy:

- One important goal following surgery is to minimize swelling around the knee. The best way to achieve this is with the frequent application of ice and by keeping the leg elevated.
- For the first few days after surgery the ice therapy is placed over your dressing, later it can be placed over a thin towel. Please check your skin regularly and discontinue the ice machine immediately if there is any sign of skin injury.
- Use ice therapy for 20 minutes every 1 hour for the first 3 to 4 days, then use it after physical therapy or times of increased activity for the next several weeks.

Follow-up Appointments:

- Your first post-operative appointment will be in 10-14 days.
- If you do not have these appointments set up, please call the appointment line
- If there is an emergency and you are unable to reach anyone in the office, please go straight to the emergency room.

When to call for help:

Call 911 anytime you think you may need emergency care. For example, call if:

You pass out (lose consciousness).

You have severe trouble breathing.

You have sudden chest pain and shortness of breath, or you cough up blood.

You have severe nausea or vomiting.

Call the office if:

You have pain that does not go away after you take pain pills.

You have a fever over 100.4°F.

You have loose stitches, or your incision comes open.

Your incision keeps bleeding 3 days after your surgery.

You have signs of infection, such as redness around incision or pus draining from your incision.



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