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Sports Medicine, Shoulder &  
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## POSTOPERATIVE INSTRUCTIONS DISTAL FEMORAL OSTEOTOMY

### DIET

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

### WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the elbow, wrist, or hand occurs
- It is normal for the shoulder 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 band-aids over incisions and change daily — you may then shave as long as the wounds remain sealed with the band-aid
- To avoid infection, keep surgical incisions clean and dry — you may shower by placing a large garbage bag over your brace starting the day after surgery — **NO** immersion of operative leg (i.e. bath)

### MEDICATIONS

- Pain medication is injected into the wound and **shoulder 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 — this can be taken as per directions **on** the bottle
- 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
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed (678-732-1337 — ask for Alicia)
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 400-600mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative ‘peaks and valleys’, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage

### ACTIVITY

- 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 foot/ankle
- Use crutches to assist with walking — you are able to bear as much weight as tolerated **on** operative leg unless otherwise instructed by the physician
- Do not engage in activities which increase knee pain and 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
- **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 (If prescribed)**

- Your brace should be worn thIlly extended (straight) at all times (day and night — except for exercises) until otherwise informed by the physician after the first post-operative visit
- Remove brace for flexion (bending) and other exercises done **in** a non-weight bearing position (i.e.lying or sitting)
- If a continuous passive motion machine was prescribed, remove brace during use

### **ICE THERAPY**

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit — remember to keep leg evelated to level of chesi while icing

### **EXERCISE**

- A continuous passive motion machine should have been arranged pre-operatively to be delivered for use beginning on the first post-operative day
- Use the continuous passive motion machine out of brace for 6-8 hours per day in 2 hour increments — begin at a rate of I cycle/minute, ranging from 0C of extension (straightentng) to **3ftJ** of flexion (bending), increase flexion by 5-10° daily (stay within a comfortable level) to a maximum of 90°
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, and ankle pumps) unless otherwise instructed
- Discomfort and knee stifftiess is normal for a few weeks following surgery
- Complete exercises 3-4 times daily until your first post-operative visit
- 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 post-operative visit

### **EMERGENCIES\*\***

- Contact Dr. Kercher's Clinical Assistant, Alicia Henderson, at 678-732-1337 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 or hand
  - 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, contact the main office number at 404-355-0743, you will be connected to our on call Nurse – they can then contact the Doctor on Call if warranted. Do NOT call the hospital or surgicenter.

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

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

- If you have additional questions that arise at any time for Dr. Kercher or in general, please send an email to Alicia ([ahenderson@pocatlanta.com](mailto:ahenderson@pocatlanta.com)) or call Alicia directly at 678-732-1337.
- If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours at 404-355-0743 and ask for appointment scheduling.