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**CENTRAL INDIANA  
ORTHOPEDICS**

## **POSTOPERATIVE INSTRUCTIONS MICROFRACTURE SURGERY**

### **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 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. Try to wear your ted hose placed on you immediately after surgery for most of the day for the first 2 weeks after surgery. This is to help prevent blood clots
- Remove surgical dressings on the 2nd post-operative day -- if minimal drainage is present, apply band-aids or a clean gauze dressing over incisions and change daily. You may then shave as long as the wounds remain sealed with the band-aids
- To avoid infection, keep surgical incisions clean and dry. You may shower by placing a large garbage bag over your brace starting the second day after surgery -- **NO IMMERSION** of operative leg (i.e. bath/pool/hot tub)

### **MEDICATIONS**

- Pain medication is injected into the wound and knee joint during surgery. This will wear off within 6-12 hours
- 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 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
- Do not drive a car or operate machinery while taking narcotic medication
- Ibuprofen 200-400mg (i.e. Advil) may be taken in-between the narcotic pain medication doses to help smooth out post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage
- Take one aspirin 325 mg daily for the first 30 days after surgery to help reduce the risk of blood clots. This should be taken with food

### **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 bend position). Instead, place pillows under foot/ankle
- Use crutches to assist with walking. Your weight bearing status will be given to by Dr Camilleri after your surgery
- 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



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- NO DRIVING until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

## **ICE THERAPY**

- Begin immediately after surgery. DO NOT apply ice or ice unit directly to skin, have a barrier
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20-30 minutes daily until your first post-operative visit. Remember to keep your leg elevated to level of the chest while icing

## **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
- Use the CPM machine for 6-8 hours per day in 2 hour intervals. Begin ranging from 0° of extension (straightening) to 40° flexion (bending). Increase flexion by 10° daily (and as tolerated) to reach an end goal of 90°
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heels slides, ankle pumps) unless otherwise instructed
- Discomfort and knee stiffness is normal for a few days following surgery.
- 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 at your first post-operative visit unless otherwise instructed
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf
- Formal physical therapy (PT) will begin 2-3 days after your surgery day

## **EMERGENCIES\*\***

- Contact Dr Camilleri or his assistant Becca Corya at 800-622-6575 if any of the following are present:
  - Inability to urinate 8 hours after surgery
  - Painful swelling or numbness
  - Unrelenting pain
  - Fever (over 101 degrees -- it is normal to have a low grade fever for the first day or two following surgery) or chills
  - Redness around the incisions
  - Color change in foot/ankle/leg
  - Continuous drainage or bleeding from incision (small amount of drainage is expected)
  - Difficulty breathing
  - Excessive nausea/vomiting

**\*\* If you have an emergency after office hours or on the weekend, contact 800-622-6575 and you will be connected to our pager service. They will contact Dr Camilleri 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**