

JUSTIN D. HUDSON, MD
Orthopaedic Surgery and Sports Medicine
JustinHudsonMD.com
JHudson@Oregonmed.net
P: (541) 242-4812
F: (541) 242-4813

POSTOPERATIVE INSTRUCTIONS
KNEE –PATELLA ORIF

**PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION
IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE
HOSPITAL OR VIA PHONE/EMAIL TO DR. HUDSON'S STAFF AFTER ARRIVING HOME**

WOUND CARE

- Loosen bandage if swelling or progressive numbness occurs in the extremity.
- It is normal for the joint to bleed and swell following surgery – if blood soaks onto the ACE bandage, simply reinforce with additional gauze dressing for the remainder of day and check again. The ACE bandage can be laundered in normal fashion and reused.
- Remove surgical dressing 72 hours after surgery – large band-aids can be placed over the incisions, covering them completely. It is okay to shower directly over the band-aids as long as the incisions stay dry until your first post-operative appointment in clinic.

LEAVE THE STERI-STRIP TAPE IN PLACE OVER INCISIONS UNTIL FIRST APPOINTMENT

MEDICATIONS

- Pain medication is injected into the wound and joint during surgery – this will wear off within 8-12 hours. It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- If you are having problems with nausea and vomiting, consider decreasing dose and taking anti nausea medication as needed.
- Common side effects of the pain medication include nausea, drowsiness, and constipation. To help minimize risk of side effects, take medication with food - if constipation occurs, consider taking an over-the-counter stool softener such as Dulcolax or Colace.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Unless you have previously been instructed to avoid aspirin products for other medical reasons, **please take one (1) 81 mg baby aspirin twice daily for 28 days** following surgery. This is to help minimize the risk of blood clot (extremely rare). As long as you have no personal history of adverse response to anti-inflammatories, use an over-the counter anti-inflammatory such as Ibuprofen (i.e. Advil/Motrin) 600-800 mg as frequently as every 8 hours with food to help swelling and pain in addition to the prescribed pain medication.

ICE THERAPY

- Begin immediately after surgery - use the ice machine (when prescribed) as directed for the first 2-3 days following surgery. Ice at your discretion thereafter. When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep the extremity elevated while icing when able.

- For technical questions regarding the ice machine, please contact the vendor directly using the telephone number on the device.

ACTIVITY

- Elevate the operative leg at least parallel to floor, if possible to chest level to decrease swelling.
- Do not place pillows under knee only (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle.
- Full weight-bearing of the operative leg is encouraged and safe, unless instructed otherwise.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- NO driving until off narcotic pain medication.
- Okay to return to work when ready and able. Please notify office if written clearance is needed.
- If you are planning air travel within 10 days of your surgery, please consult with Dr. Hudson's office to discuss whether anticoagulation (medication to prevent blood clot) is necessary.

EXERCISE

- Do ankle pumps (15-20) at regular intervals 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 if necessary.

DIET

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

FOLLOW-UP CARE/QUESTIONS

- Someone from Dr. Hudson's team will call you on your first day after surgery to address any questions or concerns.
- Email any non-emergent questions to JHudson@Oregonmed.net for the fastest reply. If e-mail is not an option please call the practice at (541) 242-4812.
- If you do not already have a postoperative appointment scheduled, please contact the scheduler during office hours at (541) 345-0060 to arrange an appointment 7-15 days from surgery.

****EMERGENCIES****

Painful swelling or numbness that progressively worsens

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 that worsens

Continuous drainage or bleeding from incision (a small amount of drainage is expected)

Difficulty breathing

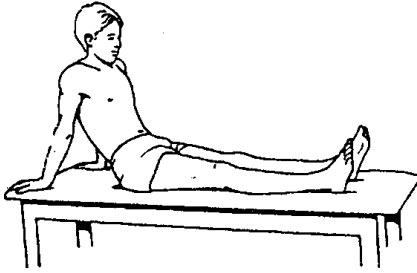
Excessive nausea/vomiting

DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES

IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST EMERGENCY ROOM

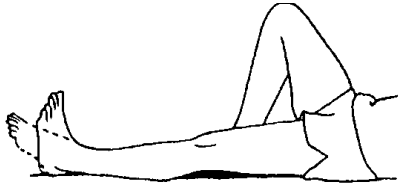
KNEE POST OPERATIVE EXERCISES

QUAD SETS



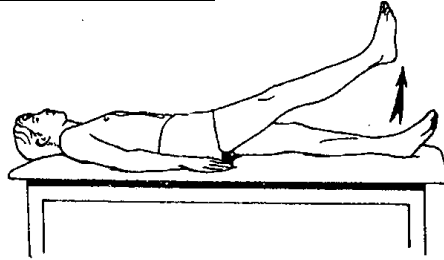
Tighten muscles on top of thigh by pushing knee down to floor or table.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day.

CALF PUMPS



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day

STRAIGHT LEG RAISE



Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day.

LEG HANGS WITH GRAVITY



Allow leg to hang w/ gravity and bend as tolerated for 60-90 secs

Do 3x per day
