



**Sports Medicine Division Post-Operative Instructions**  
**Brad E. Brautigam MD**

**Post-Operative Instructions Osteochondral Allograft Implantation or Osteochondral Autograft Transplant**

Please note that these instructions are general guidelines to be followed; however, any written or verbal instructions provided by your provider supersede the instructions below and should be followed.

**DIET**

- Begin with clear liquids and light foods (jello, soup, 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
- To avoid infection, keep surgical incisions clean and dry for the **first 7 days** following surgery – you may shower by placing a large plastic bag over your brace beginning the day after surgery. **NO** immersion of the operative leg (ie: bath or pool).
- Wait until your first post-operative appointment to remove the surgical dressing
- Please do not place any ointments lotions or creams directly over the incisions.
- Once the sutures are removed at least 7-10 days post operatively you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). **NO** immersion in a bath until given approval by our office.

**MEDICATIONS**

- Local anesthetics are injected into the wound at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- 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 the 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 medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- If your provider discussed taking a blood thinner like aspirin after surgery please take it as directed. Please contact the office should severe distal arm pain occur or significant swelling of the distal arm and/or hand occur.

**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 the foot/ankle.
- Use crutches to assist with walking. Following femoral microfracture the patient is **toe touch weightbearing with crutches**. This means you can touch your foot down for balance but should not put any weight through it
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for 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

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise instructed 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 you have been prescribed a CPM machine, the brace should be removed during CPM use as well.

### CPM (CONTINUOUS PASSIVE MOTION) MACHINE

- If prescribed, begin using your CPM machine out of the brace the first post-operative day
- Begin 0-30 degrees max and advance amount of movement as instructed.
- CPM can be used in any number and length of sets desired.
- Increase duration of CPM usage to attain 6 hours per day consistently for 6 full weeks.
- For technical questions regarding the CPM machine, please contact the vendor directly using the telephone number on the device.

### ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 20 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.

### 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 to bend your knee in a non-weightbearing position when performing exercises unless otherwise instructed.
- 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 (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- If formal physical therapy (PT) is needed, it is typically arranged prior to your surgery date. It generally begins several days after your surgery date unless your provider has stated otherwise. If you are unsure of this please call the office at 740-454-3273 to receive instructions for starting therapy.

### EMERGENCIES\*\*

- Contact our office M-F 8:00AM – 5:00PM at 740-454-3273
- Painful swelling or numbness (note that some swelling and numbness is normal)
- 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 distal arm and/or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- Calf pain
- If you have an emergency **after office hours** or on the weekend, contact our after-hours answering service at **740-454-3273** to reach an OAZ provider on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.



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

- If you do not already have a post-operative appointment scheduled, please contact our office at 740-454-3273 to schedule.
- Typically, the first post-operative appointment following surgery is 10-14 days following surgery
- If you have any further questions please contact us during office hours