Andrew J. Riff, MD, Hinsdale Orthopaedic Associates S.C.

Locations: 550 W Ogden Avenue, Hinsdale, IL 60521; 1010 Executive Court, Suite 250, Westmont, IL 60559; 2940 Rollingridge Rd #102, Naperville, IL 60564

Phone: For appointments and calls after business hours (8-4:30 M-F) please call 630-323-6116 (central scheduling and call forwarding). For clinical concerns during business hours, please call Dr. Riff's office (630-920-2314).

<u>Post-Operative Instructions – Osteochondral Allograft</u>

Prescription Meds:

- 1. Norco (hydrocodone/acetaminophen): This is used for pain control. Take 1-2 tablets every 4-6 hours as needed for pain. Pain levels are highest on days 1 thru 3 post op, so you will want to take this on a regular schedule. After that, take as needed. Do not drive, drink alcohol or take Tylenol while taking this medication.
- 2. Zofran 4mg: This is for nausea. Keep this prescription on standby in case you experience significant nausea associated with the pain medication.
- 3. Colace 100mg (over the counter): Take two 100mg tablets (200mg), twice daily to prevent constipation after surgery.
- 4. Aspirin 81mg (over the counter): Take one 81mg tablet daily for 3 weeks to minimize your risk of a blood clot.

Wound Care: Leave the big surgical bandage on and do not shower for 48 hours after surgery. It is normal for the knee to bleed and swell following surgery. If blood soaks onto or through the dressing, this is not significant cause for concern. This is common for the first 24-48 hours after surgery. You may simply reinforce the dressing with gauze or change to a new clean dry gauze. After 48 hours, remove bandages. You do not need to replace them unless there is drainage.

Bathing: It is ok to shower after removing the dressing 48 hours after surgery. Let water run over Steri-strips, do not scrub. Do not submerge the wound in bathtub, hot tub, or pool for 4 weeks post-op.

Brace: Your brace should be worn while up and moving and while sleeping. The brace should be locked out straight for walking and while sleeping. You may unlock the brace to allow bending when at rest.

Crutches: You should be foot flat weight bearing (~20 lbs) x 6 weeks. Use crutches whenever up and moving. You will transition to full weight-bearing by 8 weeks post-op.

CPM: CPM to start 4-6 hours daily. Start at 0-5 degrees and advance by ~10 degrees per day. Use for total of 3 weeks if possible.

Physical Therapy: You may initiate gentle range of motion beginning the day of surgery as directed by Dr. Riff. We also recommend performing quadriceps sets, straight leg raises, and ankle pumps (try to do a set of 10-15 of each 3-4x daily). You will receive a prescription for outpatient physical therapy the day of surgery and should begin after 2-3 days.

Ice Therapy: It is very important to keep ice on your knee during the initial post-operative period (first 5-7 days). This should begin immediately after surgery.

Follow-up: You will need to follow up in clinic with Dr. Riff in 10-14 days. Please call central scheduling to make an appointment. At this visit you will receive updated instructions on your weight bearing, brace use and physical therapy.

When should you contact the office?

- If you have a fever >101.4 (a low grade temp is expected after surgery), but let us know if it gets this high!)
- You develop chills or sweats
- You have pus or excessive bloody drainage from the wound, or if you have pain or redness surrounding the incision sites.
- You have nausea and vomiting that will not resolve with Zofran.
- Shortness of breath or chest pain