

Post-Operative Instructions Microfracture – Femoral Condyle

DIET

- Begin with clear liquids and light foods (jello, soups, etc).
- Advance to normal diet as tolerated.

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, you may reinforce with additional dressing.
- 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

- Most patients will require narcotic pain medication for a short period of time – this can be taken as directed per pharmacy.
- 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 the narcotic medication.
- Ibuprophen 200-400mg (i.e. Advil) may be taken in between the narcotic pain medication to supplement pain control, reduce amount of pain medication required, and increase the time intervals between narcotic pain medication usage.
- Take one adult aspirin (325 mg) a day x 10 days to help prevent blood clots. Do not take if allergic or medically unable.

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Use crutches to assist with walking – you are not to bear more than 50% of your weight on the operative leg unless otherwise instructed by the physician. No squatting >90°.
- 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.
- No driving until instructed otherwise by physician.
- May return to sedentary work only or school 2-3 days after surgery, as tolerated.
- If you plan on flying within the first month of surgery, let Dr. Levin know so he can prescribe Lovenox (blood thinner). Dr. Levin recommends avoiding flying in the first post-op month.

ICE THERAPY

- Begin immediately after surgery.
- Use ice machine continuously or ice packs (if machine is not prescribed depending upon insurance coverage) every 2 hours for 20 minute intervals daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing.

- Never apply ice directly to skin. Always have a towel or layer of clothing between ice and skin.

EXERCISE

- A continuous passive motion (CPM) machine should have been arranged preoperatively to be delivered for use beginning on the first postoperative day.
- Use the continuous passive motion machine out of the brace for 4-6 hours per day in 2-hour increments – begin at a rate of 1 cycle/minute, ranging from 0° of extension (straightening) to 40° of flexion (bending) – increase flexion by 5-10° daily to a maximum of 120°.
- 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 to 90% (unless otherwise instructed by physician).
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90° of flexion (bending) 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 after your first post-operative visit.

EMERGENCIES**

- Contact Dr. Levin at 847-570-2825 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
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea or vomiting

** If you have an emergency after office hours or on the weekend, call 847-570-2825 and you will be connected to our page service.

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

FOLLOW-UP

- If you do not already have a post-operative appointment scheduled, please contact the scheduling office during normal office hours at 847-570-2825 and schedule an appointment for 2-5 days post-op.