



P: (843) 353-3460 | F: (843) 353-3461

HIGH TIBIAL OSTEOTOMY Postoperative Instructions

I. Diet

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

II. Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the foot or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing on the second post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing waterproof Band-Aids over incision areas. Please remember to change Band-Aids daily.
- NO immersion of operative leg (i.e. bath) *Brace may come off to shower.

III. Medications

- *Do not drive a car or operate machinery while taking the narcotic medication.*
- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time.
- Primary Medication = (Oxycodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Ondansetron (Zofran) take as needed for nausea
 - Docusate sodium (Colace) as needed for constipation
- Meloxicam two times a day for 2 weeks
- Tylenol 1000mg three times a day for two weeks
- Aspirin 81 mg daily for two weeks
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication change, email/call Dr. Gehrman.

IV. Activity

- You are allowed to bear weight as tolerated after surgery. Use crutches as needed and wean off when comfortable.
- Range of motion is 0-90 degrees.
- 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 foot/ankle to elevate leg.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

V. Brace

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise informed by the physician after the first post-operative visit.
- Remove brace for flexion (bending) exercises done in a non-weight bearing position (i.e. lying or sitting).
- Remove brace for shower.

VI. Ice Therapy

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first postoperative visit – remember to keep arm supported while icing
- DonJoy Ice Machine may be used.
 - Use unit as frequently as tolerated x 14 days
 - Unit is programmed hour on/hour off continuous of compression and ice alternating
 - If braced* - Loosen brace to avoid added pressure
- If issues with Ice Machine please contact Dr. Gehrman's office.

VII. 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 and, in fact preferable to bend your knee (unless otherwise instructed by physician).
- Complete exercises 3-4 times daily until your first postoperative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first postoperative visit unless otherwise instructed.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin 7-10 days after surgery. Please call the therapy location of your choice to schedule appointments.

VIII. Emergencies

- Contact Dr. Gehrman or his clinical assistant at (843) 353-3460 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101°F - 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 wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number 843-353-3460 and you will be connected to our page service – the will contact Dr. Gehrman or one of his colleagues if he is unavailable. Do NOT call the hospital or surgical center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

IX. Follow Up Care + Questions

- A member of Dr. Gehrman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 843-353-3460.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.

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- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (843-353-3460) and ask for appointment scheduling.
 - The first post-operative appointment will be with myself or one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

HIGH TIBIAL OSTEOTOMY (HTO) REHABILITATION PROTOCOL

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

PHASE I: Weeks 0-2

- Full weight bearing with brace locked in extension for ambulation
- ROM 0-90
- Calf pumps, quad sets, SLR in brace, modalities

PHASE II: Weeks 2-6

- Full weight bearing
- Brace open 0-90 during the day. Discontinue brace at night.
- Discontinue brace at week 6
- ROM full extension, progress to full flexion
- Progress non-weight bearing flexibility, modalities
- Begin floor-based core and glutes exercises
- Advance quad sets, patellar mobs, and SLR

PHASE III: Weeks 6-8

- Full weight bearing
- Discontinue brace
- Progress to full ROM
- Advance closed chain quads, progress balance, core/pelvic and stability work
- Begin stationary bike at 6 weeks
- Advance SLR, floor-based exercise; hip/core

PHASE IV: Weeks 8-16

- Full weight bearing
- Full ROM
- Progress flexibility/strengthening, progression of functional balance, core, glutes program.
- Advance bike, add elliptical at 12 wks. as tolerated
- Swimming okay at 12 wks.



PHASE V: Weeks 16-24

- Full weight bearing
- Full ROM
- Advance phase IV activity
- Progress to functional training, including impact activity after 20 wks. when cleared by MD.