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Instruction Sheet following High Tibial Osteotomy

Brace:

The knee brace given to you immediately after surgery must be worn at all times. You may take the brace off when doing physical therapy exercises. Brace hinges should be at the level of the kneecap. You may loosen or tighten the brace straps as necessary, but it should be snug. You will need to wear the brace for about 4-8 weeks (depending on what other surgery you had). Your physical therapist and your surgeon will help determine when you may stop wearing the brace. Do not attempt this on your own.

The brace should be worn locked in full extension (keeping your knee completely straight) for sleeping, and locked at 20-30 degrees of flexion (keeping your knee slightly bent) for keeping your weight off the foot while using crutches.

Showering:

You may shower 48 hours after surgery, however you must place a plastic bag over the brace while showering OR you have the option to take off the brace to shower so long as you are seated in a chair in the shower. Whatever you decide to do please use CAUTION!! Be careful not to slip, twist, or fall. Do not soak or submerge your incisions in a bathtub, hot tub, or pool until the doctor tells you it is okay to do so. Once you are done showering pat the knee dry, and replace the brace if you have removed it.

Dressing:

Remove all cotton and gauze 48 hours after your surgery and throw it away. The separate water proof sticky rectangular bandage can stay on for 10-14 days and is waterproof (can be showered over). Keep the ACE wrap (tan colored stretchy wrap). Please leave any steri-strips (white paper sticker-like strips) on your wound until you see the doctor. Reapply the ACE bandage as a wrap under your brace.

Elevation:

When you resting your leg should be straight with a pillow under your foot or ankle (NOT behind your knee). This helps keep your knee completely straight at rest. Try



to elevate the knee as much as possible to reduce swelling. It is normal for some swelling to track down the lower leg and at times, even into the foot. This will improve over time.

Ice:

You should use the cryocuff (if you have one) or ice on the knee as often as possible to reduce swelling and discomfort. If using an ice pack, do not ice the knee more than 20 minutes at a time. Let the knee warm up before reapplication (i.e. remove the ice for at least 20 minutes between uses). Repeat this 20-minutes-on and 20-minutes-off cycle as many times per day as you'd like. If you have a cryocuff you may keep this on the knee continuously. Do not apply ice directly to the skin.

Medication:

You will be given pain medication that should be taken as prescribed. Please note that narcotic pain medication may cause constipation. Please remember to take stool softeners (Colace) when using narcotics to help reduce the chance of constipation. You should not use alcohol together with narcotic medication. Do not drive or operate complex machinery while taking narcotic medication. Please note that most narcotic pain medications have side effects that may include nausea, vomiting, sedation, and/or dizzy spells. If you experience any of these side effects to a severe extent, you should contact our office. When your pain is well controlled (2 days to 2 weeks post-op), you may transition yourself to an anti-inflammatory and Tylenol.

You will also be discharged with a blood thinner, Aspirin 81mg, to prevent blood clots. You should take this medication twice a day for 14 days. It is important not to miss any doses of this medication. Please note that this medication may cause an upset stomach or acid reflux. If this occurs, you may take an over the counter proton pump inhibitor such as Prilosec, Prevacid, or Nexium to help alleviate these side effects.

You should restart all of your prescription medications once discharged unless specifically instructed otherwise.

Crutches:

Use the crutches when walking to allow you to keep weight off of the operative leg. Use caution when ambulating with crutches and be sure not to fall. Make sure you avoid weight bearing on the operative leg at all times. Your surgeon will decide when you begin weight bearing. This usually occurs around 8 weeks post operatively.

Follow-up visit:

You need to see the doctor 10-14 days following surgery for your first post-op visit.



At that time your sutures (stitches) will be removed. Please begin **physical therapy** 2 days after surgery. This means you will be starting physical therapy prior to your first post-op visit in the office. You should have been sent home from surgery with a PT prescription; call the office if you do not have one.

Common Concerns:

1. Numbness around the incision site on the outside part of the knee is a result of a disruption of a superficial nerve during the operative procedure. Most of this will resolve over time but a small area the size of a quarter usually remains numb. This is unavoidable because of the proximity of the nerve to the incision.
2. A sudden rush or feeling of fullness with pain in the leg, knee, or foot when going from a sitting to a standing position in the knee is common after surgery.
3. Bruising and/or swelling of the knee all the way down to the shin and ankle are common after surgery. This is caused by bleeding from the bone (which is cut during surgery) into the area just below the skin. To relieve discomfort from this, it is best to ice and elevate the leg. If at any time you have discomfort, swelling, hardness, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.

Please call if:

1. If at any time you have discomfort, swelling, hardness, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.
2. Any oozing or redness of the wound, fevers (>100.4 degrees F), or chills.
3. Any difficulty breathing or heaviness in the chest.

REMEMBER - these are only guidelines for what to expect following high tibial osteotomy. If you have any questions or concerns regarding your knee please do not hesitate to call the office at any time.