



POST OPERATIVE INSTRUCTIONS

Femoral Condyle Microfracture

Diet

- Following surgery, nausea is very common. Begin with clear liquids and progress to your daily diet as tolerated.

Wound Management

- A bandage is applied to the operative site. Keep this on for 72 hours after the surgery.
- It is normal for there to be drainage and for the dressing/ACE wrap to become blood tinged. If this occurs, reinforce with additional dressing.
- Remove the dressing after the third post-operative day. It is still normal for there to be some drainage. Apply steri-strips or band-aids to the incision sites.
- No showers until after the dressing is removed. No baths or hot tubs!
- Sometimes small incisions are made that do not require suture closure. Please do not be alarmed by this.

Activity

- No brace is usually required postop
- Avoid prolonged standing as this may lead to increased swelling.
- Crutches may be used to assist with walking and you are to remain non weightbearing on the operative leg unless otherwise directed by your physician.

- Elevate the operative leg with pillows under the foot and ankle to aid in the reduction of swelling.
- No driving until instructed by your physician.
- Sleeping may be performed in a reclining chair or bed with the use of pillows to support the operative site as tolerated.
- Generally, if you have a desk job you may return to work/school on the third post operative day.
- Return to a physically demanding job will be discussed on your postoperative visit.

Exercise

- You may begin exercises 24 hours after the surgery to include ankle pumps and quad sets.
- A continuous passive motion machine(CPM) will likely be used for up to 6 hours per day.
- Use the CPM in 2 hour intervals. Begin at a range of 0-40 degrees and increase flexion(bending) by 10 degrees daily to 90 degrees as tolerated.
- Formal physical therapy will begin after your return visit and it is safe to perform these exercises at home to assist with a return of strength and motion.

Ice/Cryotherapy

- An ice machine will be provided and applied at the conclusion of your surgery.
- Use continuously for the first 72 hours postoperatively, then in 30 minute increments 4-5 times per day thereafter as tolerated.

OVER

Medications

- Most patients require the use of narcotics for a period of time after surgery. Take as directed.
- If you received a femoral nerve block, numbness and loss of function may persist for up to 24 hours postoperatively. You are encouraged to take your prescribed pain medication as indicated on the bottle regardless of pain for the first 24 hours.
- Common side effects of pain medication: nausea, insomnia, itching, constipation, drowsiness, hallucinations.
- Take medications with food to reduce side effects
- Do not operate machinery or moving vehicles while taking the pain medication.
- Ibuprofen, Motrin, Advil or Aleve may be taken as directed in addition to the pain medication to control symptoms

- Excessive bleeding and/or drainage from incision sites
- If you require immediate attention, go to the nearest emergency room

Follow-up

- A follow-up appointment will be set for 7-10 days after the surgery. If you have questions or concerns about this date contact our scheduler at (815-381-7332) during normal office hours.
- Physical Therapy will begin prior to your first postoperative visit
- If you have additional questions or concerns most questions can be addressed by our Nursing staff(Kari and Jamie) by calling (815-381-7313).

Emergencies

- **If at any time you have questions or emergent concerns contact Dr. Trenhaile or his physician assistant Michael Gilbertson, PA-C at (815-398-9491).**
- If you are calling after hours or over a weekend you will be directed to the physician answering service and you may be called by the physician or physician assistant on call.
- Please call if any of the following arise:
- Fever >101. (It is normal to have a low grade fever for the first 1-2 days after surgery)
- Redness
- Painful swelling
- Numbness
- Shortness of breath