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**MIDWEST
ORTHOPAEDICS
AT RUSH**

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POSTOPERATIVE INSTRUCTIONS OSTEOCHONDRAL ALLOGRAFT TRANSPLANT

****Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Verma or the Physician Assistants supersede the instructions below and should be followed.**

DIET

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

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, do not become alarmed, reinforce with additional dressing
- Remove surgical dressing on the seventh post-operative day – if minimal drainage is present, apply band-aids or a clean dressing over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery.
- NO immersion in bath or pool until instructed by Dr. Verma's office.

MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the 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 medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.

- For 2 weeks following surgery take one 81mg aspirin twice daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur

ACTIVITY

- Use crutches to assist with walking. You will be **non- weight bearing with crutches for 4-6 weeks.**
- 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 the foot/ankle.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for 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 3-4 days after surgery, if pain is tolerable

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice packs for 40 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.

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 to bend your knee in a non-weightbearing position up to 90 degrees when performing exercises unless otherwise instructed.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT), if indicated, typically begins after your first post operative appointment 10-14 days after the procedure. A prescription and protocol will be provided at your first post-op visit.

EMERGENCIES**

- Contact Dr. Verma's Physician Assistants at Vermapa@rushortho.com if any of the following are present:
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - 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
 - Color change in foot or ankle
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
- If you have an emergency **after office hours** or on the weekend, contact the office at 312-432-2390 and you will be connected to our pager service. This will connect you with the Physician on call. You can also call Rush University Medical Center at **312-942-5000** and ask for the operator to page the orthopedic resident on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 708-236-2701 to schedule.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery
- Your first post operative appointment will be scheduled with one of Dr. Verma's physician assistants, they will do a wound check, go over physical therapy protocols and answer any questions you may have about the procedure.
- If you have any further questions please contact the PAs directly at Vermapa@rushortho.com