

Brandon J. Erickson, MD
Mackenzie Lindeman, ATC
176 3rd Ave New York, NY
658 White Plains Rd Tarrytown, NY
450 Mamaroneck Rd Harrison, NY
Phone: 914-580-9624
Brandon.erickson@rothmanortho.com
Mackenzie.lindeman@rothmanortho.com
<https://rothmanortho.com/physicians/brandon-j-erickson-md>



Tibial Tubercle Osteotomy Discharge Instructions

What is the recovery period like?

- Brace
 - o You will wear a long brace on your leg, known as a Bledsoe brace, and use crutches. You will wear it day and night, locked straight for 6 weeks.
 - While resting, it is ok to remove brace. However, brace must be worn while sleeping or ambulating.
 - o At 6 weeks, you will transition to a smaller brace. You will continue its use until you have regained quadriceps strength. This will be determined by your Physical Therapist and typically occurs around the 3-5 month mark. You do not need to sleep in this brace.
- Weight bearing precautions
 - o Immediately after surgery you will have crutches with the Bledsoe brace locked straight. You will not be able to put any weight on the surgical leg for the first 4 weeks.
 - o You will be able to progressively start to bear weight at the 4 wk mark. This is a slow and gradual process and takes about 2 weeks to get back to full weight bearing. The first day, you will take on about 20lbs of your body weight and stay at this weight for 2 days. As long as you do not experience pain, you may increase your weight bearing load by about 20lbs every other day, until full weight bearing status is achieved. Continue to use the crutches for another 2-3 days before discontinuing use. If pain is ever experienced during this process, return to the previous pain-free weight.
 - o At the 6 week post-op visit, you will have x-rays to assess bony healing.
- Continuous Passive Movement (CPM) Machine
 - o This device moves the knee for you. Typically it is not required for this surgery. However, if you have a cartilage procedure in conjunction, this machine may be required.
 - Cartilage procedures may require CPM use for 2 hours, 3 times a day for 6 weeks
 - Minimum 60° by first postop appointment, and 90° by 4 weeks
- Vitamins
 - o Since bone is cut and repositioned during the surgery, the bone now has to heal, much like after any broken bone. To ensure the best environment for the bone to recovery, you should begin the following vitamin supplementation following surgery for 6 months:
 - 4,000 international units (IU) of over the counter vitamin D2 or D3 once daily
 - 1000mg Calcium once daily
- You may not drive while taking pain medication. In addition, if it is your right knee that had surgery, you will not be able to drive for approximately 6 weeks after surgery or until the brace is removed.

When will I start Physical Therapy?

- Physical Therapy

- The first 6 weeks after surgery, you will do home exercises, no formal PT sessions.
 - Quad sets: 3 sets performed three times a daily.
 - Sit or lie on your back with leg straight. Tighten your quadriceps muscle on the front of the thigh. Hold for 3 seconds, relax. Repeat x 10.
 - Heel pumps: 3 sets performed three times daily.
 - Sit or lie on your back with leg straight. Bend your foot up and down at your ankle joint, pumping the foot. Complete 10 pumps.
 - Range of Motion: 5-10 minutes, three times daily.
 - While seated, surgical leg should be straight in front of you. Use your unaffected leg to cradle the surgical leg. Actively use the unaffected leg to bend both knees.
- At 6 weeks you will start formal PT locally. You will go 2x/week for 6-9 months.
 - Dedication and attendance to your sessions are critical to your recovery.
- Return to Play Assessment
 - At approximately 9-10 months post-operatively you will undergo a functional sports assessment where a physical therapist puts you through a battery of sports specific tests to evaluate your progress in therapy. If there are any areas that need improvement a specific program will be designed to help correct these deficiencies.

INSTRUCTIONS FOR IMMEDIATELY AFTER SURGERY:

- Activity
 - Apply ice to your knee but keep the bandages dry
 - Elevate your leg on 2-3 pillows or rolled up towels placed under the **heel** so that the heel is elevated higher than your knee. This will help reduce swelling and achieve full extension of the knee. **Avoid pillows under the knee.**
 - For the first 1-2 weeks after surgery, the **most important goal is to regain the ability to fully straighten the knee.**
 - Start your home exercise program and follow weight bearing precautions.
- Bandage and Incision Care
 - Under your brace is an ace wrap- leave this ace wrap on for the first 2-3 days. You may then remove the ace wrap. You will have a layer of bandaging under the ace wrap. You can remove this dressing.
 - You will notice that the incision site may have suture buried underneath the skin. Please cover this area with a bandage. You may see two strands of clear suture material. These will be removed at your first post op visit. Please leave rectangular steri-strips in place until your first post op visit.
 - If there is visible black suture material, this will be removed at your first post-operative visit. You should cover this up with a regular bandage or water proof band-aid.
 - You may re-apply the ace wrap as this helps to decrease swelling.
 - Do not apply creams, ointments, or lotions to your incisions for at least 4 weeks.
- Showering
 - You may shower after you have removed the ace wrap. You should wrap the leg in saran wrap to provide an extra waterproof layer.
 - You must wear the brace and be seated in the shower.
 - **Do not get the incision or brace wet**, however, you must wear the brace when standing. You should use a shower chair, or if you have a bathtub-shower, you can sit in the tub. If you take a bath, keep the leg out of the bath. The leg should not be submerged.
- Pain Management
 - See POST-OP PAIN MANAGEMENT section. Around 2-3 weeks out, you should only be taking the pain medication at night and after strenuous activity as needed.

- Normal sensations after surgery
 - o Pain
 - o Swelling and warmth up to 2 weeks
 - o Small amounts of bloody drainage for first few days
 - o Numbness around the incision area
 - o Bruising
 - o Low grade temperature less than 101.0 for up to a week after surgery.
 - o Small amount of redness to the area where the sutures insert in the skin
- **IF ANY OF THE FOLLOWING OCCUR, CONTACT THE OFFICE IMMEDIATELY**
 - o Calf pain or ankle swelling in either leg
 - o Change is noted to your incision (i.e. increased redness or drainage)
 - o Temperature greater than 101.0
 - o Fever, chills, nausea, vomiting or diarrhea
 - o Sutures become loose or fall out and incision becomes open
 - o Drainage becomes yellow, puss like or foul smelling
 - o Increased pain unrelieved by medication or measures mentioned above.
- Post-op visit
 - o Please ensure that you have a post-op visit scheduled for 10-14 days after surgery. Please arrive 30-45 minutes prior to your appointment time to obtain X-rays.

PAIN MANAGEMENT

ORAL PAIN MEDICATIONS

- o Tylenol 500 mg
 - Start by taking one tablet every four to six hours when you arrive home after surgery so you have some medication on board when the block wears off. You should take this on a regular schedule for the first few days after surgery
- o Naproxen 500 mg
 - Take one tablet twice per day to help with pain and inflammation. You will take this for 2 weeks.
 - You should take this medication with food
- o Tramadol 50 mg
 - This is a non-narcotic pain medication.
 - You may take one tablet every 4-6 hours as needed for moderate level pain (pain level 4-7)
- o Oxycodone 5 mg
 - This is a narcotic medication.
 - You may take this medication if the Tylenol and Tramadol are not controlling your pain.
 - You may take one to two tablets every 4-6 hours as needed for severe pain (pain level 8-10).

SIDE EFFECTS OF THESE MEDICATIONS INCLUDE DROWSINESS AND CONSTIPATION. YOU SHOULD NOT DRIVE OR DRINK ALCOHOL WHILE TAKING THESE PAIN MEDICATIONS.

• OTHER MEDICATIONS

- o Aspirin 81mg
 - This medication is used to prevent blood clots. It should be taken twice a day for 4 weeks.
- o Zofran 4mg
 - This is a nausea medication that is only taken if you feel nauseous.

- You may take one tablet every 8 hours as needed.
- Prilosec/Omeprazole
 - This medication is to protect your stomach while you are on the Naproxen and aspirin.
- Colace 100mg
 - This medication is for constipation.
 - Take this medication twice daily as needed for post-operative constipation.
- **ICE MACHINE**
 - Recommend using **1 hour on, 1 hour off for the first 2 days after surgery** *while awake*
 - Do not place pad directly on skin – make sure there is a barrier such as a t-shirt or towel
 - After the first 2 days you may use the ice machine as needed for comfort
 - If you did not opt for the ice machine, you may use ice packs on the surgical area for 20-30 minutes every 1-2 hours